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ABSTRACT

One of nine competency-based training modules for personnel preparation in early childhood special education, this guide focuses on developing the individualized education program (IEP). All modules are adaptable for use with a general audience, direct service personnel, or administrators and are based on the following principles of the Ohio Department of Education's Division of Early Childhood Education: developmentally appropriate practice; integration of children with disabilities with typically developing peers; collaborative relationships with families; attention to individual needs; and provision for and valuing of diversity among young children and their families. Modules are intended to be used in whole or in part, in groups or for self-instruction. Each module comprises goals; competencies (knowledge, skill, and values and attitudes); and objectives, with a matrix for each objective identifying enabling activities, resources, and leader notes. Relevant handouts, forms, and readings are provided for each objective. This module provides participants with five goals: (1) state the definition and understand the purpose of an IEP; (2) understand state and federal regulations in regard to the IEP; (3) recognize that the IEP is one component of a comprehensive service delivery system; (4) recognize the importance of an integrated IEP; and (5) understand various IEP formats appropriate for young children with disabilities. (Contains 25 references.) (DB)

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PROJECT

Modules for Competency-Based Personnel Preparation in Early Childhood Education

IEP

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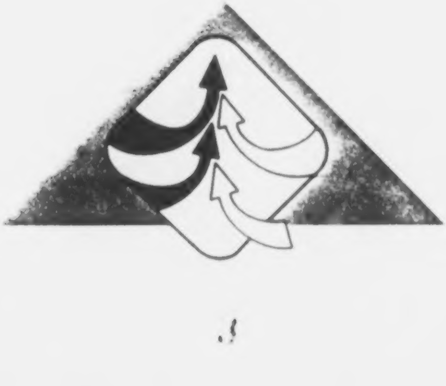

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These modules were developed through a grant funded by
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Dear Educators:

There is, perhaps, no more important issue to address in the field of early childhood education than the professional development of those individuals who work in this field. The results of numerous studies that have been conducted to assess the quality of programs currently available to our nation's young children and their families suggest that the training and quality of staff are critical determinants to quality programming.

In the area of early childhood special education, professional training needs are also recognized as paramount. The number of preschool programs for children with disabilities has grown rapidly in Ohio, thus creating a dramatic increase in the number of trained professionals needed to meet the resulting human resource demands. The training needs of this cadre of teachers, as well as other service personnel who face this challenge, is the focus of *Project Prepare.*

This series of nine competency-based training modules is the result of a commitment on the part of many individuals in the State of Ohio to quality services for young children. Their dedicated efforts are to be commended. *Project Prepare* reflects widely accepted principles of sound early childhood theory and practice; reflecting what we know about the development of all young children, and what we know about the development of young children who have special needs. We hope that these materials assist you in your efforts to provide quality early childhood education programs for all of Ohio's young children.

Sincerely,

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ACKNOWLEDGEMENTS

The modules in this set were developed as a result of a commitment on the part of many professionals in the State of Ohio; a commitment to quality services for young children with special needs as well as those who are typically developing. A need was established for compentency-based early childhood personnel training that reflects a commitment to: (1) the integration of children with disabilities and those who are typically developing; (2) developmentally appropriate practice; (3) providing services that value and are sensitive to all diversity in a multicultural, pluralistic society; and (4) effective collaboration between parents and professionals.

The immediate need for a large cadre of well-prepared personnel sensitive to the needs of young children with disabilities was recognized by leadership in the Ohio Department of Education. With the establishment of the Division of Early Childhood Education, a forceful position was taken on behalf of all young children. Funding was then made available to the Cuyahoga Special Education Service Center for research and development in personnel preparation.

We gratefully acknowledge Dr. Irene Bandy-Hedden, Assistant Superintendent of the Ohio Department of Education and Dr. Jane Wiechel, Director of the Division of Early Childhood Education for the role they each played in creating the atmosphere and the arena in which Project Prepare was conceived and implemented. The contribution of Dr. Karen Sanders has been invaluable. Her support, guidance, and attention to detail has strengthened us and enabled us to ensure quality and consistency to the final products of Project Prepare.

We wish to thank the members of the Steering Committee and the Consistency Task Force. Their feedback and endless hours of review supplied input to the process of refining the modules. The professionals on the Reaction Panel contributed insightful feedback during the early stages of module development that enhanced the content and format of the modules. The technical staff, whose dependable assistance was a critical component of our working team provided the day-to-day nitty gritty backup assistance necessary to a quality finished product. Most of all, we would like to thank each member of the Module Development Teams who conceived, delivered, nurtured, and raised the "child" whose name is Project Prepare. We offer this fully functioning child up for adoption to the Special Education Regional Resource Service Centers, without whose membership and continued abiding interest in total quality staff development, Project Prepare would not have been possible.

To all those who provided wisdom in this endeavor, gave an extra hand when it was needed, shared in our frustrations, and laughed with us in our moments of joy, we extend our deepest thanks and gratitude.

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PROJECT PREPARE GENERAL INTRODUCTION

This module is one of nine competency-based personnel preparation modules designed to prepare professionals to employ best practices to meet the special needs of young children with disabilities. Each module was developed by an outstanding team as part of a statewide collaborative effort called Project Prepare. Project Prepare was funded by the Ohio Department of Education, Division of Early Childhood Education in concert with the network of Special Education Regional Resource Centers.

Each module targets a facet of best practice found to be critical in implementing a free appropriate public education specifically for three- to five-year-old children with disabilities. While this is the age focus of Project Prepare the modules are applicable for serving all young children. The module topics are:

Assessment,

Family Collaboration,

Individualized Education Program (IEP),

Preschool Integration,

Managing Behavior,

Planning,

Play,

Technology,

Transition.

This list of carefully selected topics does not exhaust all aspects of knowledge, skills, attitudes, and values that are important, even essential, in meeting the challenge posed in implementing the amendments, contained in P.L. 99-457, of the Individual with Disabilities Education Act (I.D.E.A.). However, each module does represent a "competency cluster," rather than a single competency, addressing several general objectives, each of which is broken down into specific knowledge, skill, and value/attitude objectives.

The teams were asked to monitor their own work on the basis of carefully determined criteria, which were then used throughout a multi-stage process of review. Several factors were scrutinized in order to keep the content philosophically consistent within each and across all modules. These premises are in harmony with the philosophical position of the Ohio Department of Education, Division of Early Childhood Education which in turn reflects best practices in the field of Early Childhood Special Education. The issues are summarized as follows:

Developmentally Appropriate Practice in accord with principles set forth by the National Association for the Education of Young Children (NAEYC).

Integration of children with disabilities in programs with their typically developing peers.

Collaborative relationships with families.

Attention to the special needs of each child with recognition of the child's abilities, as well as disabilities.

Provision for and valuing of all diversity among young children and their families (e.g., ability, cultural, racial, religious, gender, etc.).

A second criteria the module development teams were asked to consider in monitoring their work was adaptability. Adaptability was defined in three ways. First, each module needed to be adaptable in a demographic sense, that is, responsive to needs in diverse geographic settings (rural, urban, suburban) with diverse populations. Second, each module was designed for potential use with three different groups of participants:

General (e.g., parents, community groups);

Staff (direct service personnel, such as teachers and therapists);

Administrators (persons in leadership roles, such as building principals and program directors).

Some of each module's content may be applicable to all three potential "audiences" however, in many instances differentiation of content is appropriate, based on the anticipated needs of participants. Thus, while the same goals are indicated for the three groups of participants, these goals are translated in knowledge, skills, and value/attitude objectives appropriate to each group. Differentiation of objectives by audience and by type is shown in the following matrix taken from one of the modules.

GOALS

KNOW THE LEGAL AND ETHICAL BASIS FOR PRESCHOOL INTEGRATION

	GENERAL OBJECTIVE	STAFF OBJECTIVE	ADMINISTRATOR OBJECTIVE
COMPETENCY COMPONENT	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.	Understand the legal and ethical basis for including children with disabilities in typical preschool programs.
KNOWLEDGE	Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs.	Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs.	Participants will identify the relevant sections from federal law which provide the legal preference for including children with disabilities in typical programs and the ethical issues related to this inclusion.
SKILL	Participants will explain from an ethical perspective, why children with disabilities should participate in typical preschool programs.	Participants will list "supplemental services" which might be necessary to enhance the participation of children with disabilities in typical programs.	Participants will synthesize legal requirements and ethical considerations related to inclusion by predicting the outcome of cases for specific children.
VALUE/ATTITUDE	Participants will list potential benefits of inclusion for children, families, and teachers.	Participants will give personal opinions of potential benefits of including children with disabilities in typical programs and means to make this inclusion possible.	Participants will generalize a philosophy statement to guide a school system in the direction of inclusion.

The third form of adaptability is implied by the term module itself. Each module is intended to have an "accordion-like" quality so that, while each is a complete "package" entailing about five hours of instruction, sections can be selected, at the discretion of the group leader, depending upon: (1) needs of the participants, and (2) time availability. The module is also adaptable in the sense that it can be used for individual self-instruction as well as group instruction by a leader.

Other criteria employed in developing and refining the modules were:

- The **goals** for the module are clear to the leader and to the participants.
- Each **activity** is congruent with the objective with which it is associated.
- The module is, insofar as possible, **self-contained and self-sufficient** — that is, all needed materials are provided or readily available.
- **Terms** are appropriately used and clearly defined.
- The module is designed to hold the **interest and motivation** of those using it.

For each objective, a matrix identifies enabling activities, resources for use in conducting these activities, and leader notes (suggestions, possible supplemental materials, etc.). The following example of a matrix from one module is representative of this plan of organization and illustrates how resources and notes are linked to activities.

LEVEL: STAFF

GOAL: Comprehend the significance of play in the development of young children.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand (recognize) the relationship between play and the developing child.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
10. Discuss stages of play that children experience as viewed by several theorists. - Mildred Parten - Piaget - Sara Smilansky - Others	10. Use Handouts *Mildred Parten's Developmental Stages of Social Play* *Piaget's Theory of Play* *Sara Smilansky* *Others*	10. Read Chapter 11, *Teaching Infants and Preschoolers with Handicaps* by Bailey and Wolery. Read *Special Needs: Play and Learning*. Also read *Play As A Medium for Learning & Development. A Handbook of Theory and Practice* by Bergen.
11. Review *Four Trends Pertinent to Play.*	11. Use Transparency *Four Trends*	11. Read and study leader notes, *Four Trends Pertinent to Play.*
12. Review stages of cognitive play.	12. Use Handout *Stages of Cognitive Play*	12. Cognitive play is used here as one example. If time permits, other domains could be discussed.
13. Review the way play can contribute to the preschool child's overall development.	13. Use Transparencies *As Adults* *All people ...*	13. Read Chapter 11, *Teaching Infants and Preschoolers with Handicaps* by Bailey and Wolery. Read Section 2 in *Play As A Medium for Learning and Development* by Bergen.

Enabling Activities — This column lists the recommended activities that will lead to the accomplishments of the objectives.

Resources — The materials listed in this column are those needed to complete the recommended activities

Leader Notes — Special recommendations to the in-service leader on conducting the suggested activities are provided in this column.

MULTI-STAGE PROCESS OF DEVELOPMENT AND REVIEW

Having identified their respective topics, the teams developed their modules during the 1990-91 school year, sharing progress reports at a series of planning meetings. This stage culminated in more formal presentations of the "work-in-progress" to members of all module development teams. Project Prepare staff, and a Reactor Panel. Comments and suggestions elicited through this process were incorporated in feedback meetings of the Reactor Panel with each team.

Throughout the 1991-92 school year, a two-stage field test procedure was implemented. First, each team presented a five-hour training session of their module at a primary training site. Evaluation data obtained from these sessions included feedback from the leaders, the participants, and also an invitational group of observers. Observers included steering committee members, members of other teams, and project coordinating staff. Participants in each primary training session were given the opportunity to participate in secondary training, that is, to conduct a five-hour training session using any of the nine modules, providing similar evaluation data. A total of 18 secondary training sessions were held. The results of the primary and secondary training yielded data used in considering modifications.

Overall, both participants and leaders who supplied feedback on the field test sessions were very positive about the training and materials. A total of 484 surveys were completed by in-service participants. Those who responded represented individuals from diversely populated areas: rural (37%), urban (16%), urban and suburban (14%), rural, urban and suburban (14%), suburban (8%), and rural and urban (7%). Almost all (98%) felt that the activities presented at their sessions related to the in-service topic. A similar response was found for consistency with philosophical premises. Most believed that the in-service training was consistent with developmentally appropriate practice (98%), exceptionality appropriate practice (90%), integration (91%), and family and professional collaboration (93%). The majority of those who did not respond positively to these items on consistancy "did not know" whether or not there was consistency.

The greatest amount of disagreement was found on the item which asked whether the training was sensitive to multicultural issues. Seventy two percent of those responding indicated "yes," while 16% said "no" and 16% "did not know." As a result of this feedback the issue of sensitivity to diversity was strengthened in the materials during the final revision.

Additional positive feedback from participants showed that 93% felt that activities were appropriate for the audience, 96% believed the interest level was acceptable or terrific and 95% would recommend the training to others. No significant differences were found among responses from different types of audience participants (i.e., teachers, psychologists, parents, etc.) or among groups from varied populations (i.e., urban, rural, suburban, etc.).

The feedback provided by the 21 in-service leaders who completed response surveys was quite similar to that shared by the participants. Most (91%) felt that the materials allowed them to meet their objectives and that activities related to the goals stated in the modules. Almost all believed that the materials were consistent with developmentally appropriate practice (95%), exceptionality appropriate practice (95%), integration (94%), and family and professional collaboration (95%). Sixty three percent of the leaders responding believed that the materials were also sensitive to multicultural issues, while 31% "did not know," and 5% felt that they did not adequately address this premise. As stated above, this information was used to identify and make needed revisions.

In addition, most leaders (88%) found the activities to be appropriate for all audience participants and that materials were designed to accommodate various audiences (91%). All (100%) found the interest level to be acceptable or terrific. Seventy five percent of the leaders noted that all required materials were provided and 95% believed that module materials could be used for in-service training sessions that varied in length (i.e., amount of time).

In regard to the use of the modules by leaders, most found them easy to use (95%), well organized (84%), to have clear directions (94%), and to have clear (100%), and complete (89%) leader notes. Minor revisions were made following the field test to increase these charateristics in the set.

Strong support by the leaders for the competency-based modules was found in the fact that all (100%) reported that they would use the same module again and many (89%) said that they would use other modules in the set. Finally, all leaders (100%) indicated that they would recommend the modules to other professionals who conduct in-service training.

Each module development team having made every effort to insure that their product satisfied each of the basic criteria, then used the feedback to refine and modify their final product. During the entire process each module was subjected to conscientious and detailed peer review. Directives ranged from minor editorial changes to significant and substantive additions, deletions, and reworkings. Team cooperation and genuine enthusiasm was evident throughout the entire process, as was their creativity, resourcefulness, thoroughness, and skill. Their efforts combined with the expertise and conscientious work of the Project's Steering Committee, cross-module review teams, the Reactor Panel, internal and external expert reviewers, and the Project Consistency/Finalization Task Force made for a truly collaborative project and a total quality product.

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Module Introduction

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ABSTRACT

The IEP module has been developed to assist in the training of general, staff, and administrative audiences. Terms are defined and the process of developing an IEP for young children with disabilities is explained, together with the range of services that might be considered. A basic principle underlying this training is the concept that schooling for young children must be developmentally appropriate, whether the child has a disability or is typically developing. Suggestions for resources, readings, and leader notes are provided, as well as a bibliography.

OVERVIEW

This module is designed to provide families, educators, and administrators with fundamental information that will assist in the development of an educational plan that is appropriate to the individual needs of the young child with disabilities. The enabling activities are designed to build a knowledge base of developmentally appropriate practices, as well as to demonstrate skills necessary to write an appropriate IEP.

Key considerations in IEP development include: being responsive to the child's primary needs; ensuring continuity of services; minimizing disruption to the child's educational program; and fulfilling the legal requirements of I.D.E.A.

GOALS

The goals for this module are as follows:

1. State the definition and understand the purpose of an IEP.
2. Understand state and federal regulations in regard to the IEP.
3. Recognize that the IEP is one component of a comprehensive service delivery system.
4. Recognize the importance of an integrated IEP.
5. Understand various IEP formats appropriate for young children with disabilities.

GOAL #1 State the definition and understand the purpose of an IEP.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Understand the role of the IEP for early childhood special education.	Demonstrate a knowledge of the components and purpose of an IEP.	Understand the need and function for each component of an IEP.
Knowledge Objectives	Participants will understand the definition and purpose of the IEP.	Participants will list the components of the IEP and its purpose.	Participants will understand the definition of the IEP and its purpose.
Skill Objectives	Participants will identify the various components of an IEP.	Participants will describe the purpose of the various components of an IEP.	Participants will describe the various components of an IEP.
Attitude Objectives	Participants will appreciate the role of the IEP in relation to early childhood special education program delivery.	Participants will be able to appreciate the role of the IEP in relation to early childhood special education program delivery.	Participants will value the IEP in relation to program delivery.

GOAL #2 Understand state and federal regulations in regard to the IEP.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Understand the regulations regarding the development of the IEP.	Demonstrate a knowledge of legislative mandates for an IEP.	Disseminate accurate information to staff/parents about IEP requirements.
Knowledge Objectives	Participants will understand the theoretical constructs and spirit of the legislative mandates regarding the IEP.	Participants will understand the theoretical constructs and spirit of the legislative mandates regarding the IEP.	Participants will understand the theoretical constructs and spirit of the legislative mandates regarding the IEP.
Skill Objectives	Participants will describe the need for the IEP and the processes involved in its development.	Participants will be able to develop an IEP.	Participants will describe the need for the IEP and the processes involved in its development.
Attitude Objectives	Participants will value the IEP and respect the spirit of its development process.	Participants will value the IEP and respect the spirit of its development process.	Participants will value the IEP and respect the spirit of its development process.

GOAL #3 Recognize that the IEP is one component of a comprehensive service delivery system.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Understand the array of services available to children with disabilities.	Demonstrate knowledge of the array of services available to children with disabilities.	Disseminate accurate information to staff and parents regarding options available to children with disabilities.
Knowledge Objectives	Participants will understand aspects of program delivery which are not addressed by an IEP.	Participants will describe aspects of program delivery which are not addressed by an IEP.	Participants will describe aspects of program delivery which are not addressed by an IEP.
Skill Objectives	Participants will be able to identify the full range of services available to children with disabilities.	Participants will describe the full range of service options available to children with disabilities.	Participants will describe the full range of options available to children with disabilities.
Attitude Objectives	Participants will value the mandates as assurances that services are available to all children with disabilities.	Participants will value the mandates as assurances that services are available to all children with disabilities and appreciate their historical foundations.	Participants will value the mandates as assurances that services are available to all children with disabilities.

GOAL #4 Recognize the importance of an integrated IEP.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Understand integrated IEPs.	Demonstrate skills in developing an integrated IEP.	Disseminate information to staff/ parents regarding comprehensive programming based on integrated IEPs.
Knowledge Objectives	Participants will understand the difference between an integrated IEP and one that is not integrated.	Participants will compare and contrast integrated IEPs with those which are not integrated.	Participants will understand what comprises an integrated IEP.
Skill Objectives	Participants will define specific disabilities and discuss necessary adaptations and supports for each.	Participants will develop an integrated IEP.	Participants will be able to support staff in preparing integrated IEPs.
Attitude Objectives	Participants will value IEP development across disciplines.	Participants will promote integrated IEP development.	Participants will value the integrated IEP.

GOAL #5 Understand various IEP formats appropriate for young children with disabilities.

AUDIENCES

	GENERAL	STAFF	ADMINISTRATOR
Competency Component	Understand the delivery of services to young children based on an IEP.	Demonstrate the team development of quality IEPs.	Evaluate an IEP based on best practice.
Knowledge Objectives	Participants will discuss unique features on an IEP for preschool children.	Participants will describe the strengths and weaknesses of various IEP formats.	Participants will know the components of an IEP that are unique to services for preschool children.
Skill Objectives	Participants will understand how information from various sources is integrated into an IEP.	Participants will demonstrate the ability to develop IEP goals and objectives which integrate information from various sources.	Participants will demonstrate interpersonal skills necessary for developing an IEP.
Attitude Objectives	Participants will value the IEP and its importance in delivering services to preschool children.	Participants will promote teaming models which enable team members to develop integrated IEPs.	Participants will value the role of the administrator in the IEP process.

GLOSSARY

Adapt: Changing or modifying the time (schedule), space, materials, or expectations of the environment to better meet the needs of an individual child or class.

Adaptive behavior: Addresses self-help, independent functioning, and personal and social responsibility as is appropriate for a same-age peer and according to one's cultural group.

Adaptive computer access: Use of an alternative input device for the computer which gives the student with disabilities an alternate means of access when the regular keyboard may not be appropriate. These include expanded keyboards, switches, touch windows, joysticks, and voice input.

Adaptive firmware card: A special card placed inside the Apple computer which allows transparent access to commercial software by any one of 16 input methods, including scanning, Morse code, expanded keyboards, and adaptive keys.

Adaptive keyboard: An alternative keyboard usually attached to the computer with an adaptive firmware card. Adaptive keyboards are generally programmable and allow the student to send information to the computer in the most efficient form based on individual needs.

Age appropriate: Experiences and/or a learning environment that support predictable growth and development in the physical, social, emotional, and cognitive domains that are typical for children at specific chronological ages.

Anecodotal records: A brief account of a situation that provides a factual description of an incident, behavior, or event.

ANSI: American National Standards Institutes: Institute which adopted a standard for the threshold of normal hearing.

Anti-bias curriculum: Developmentally appropriate materials and equipment which project an active/activist approach to challenging prejudice, sterotyping, bias, and "isms."

Appropriate environment: Surroundings that are suited to both the age and the individuality of all children present.

Appropriate practice: Techniques or a style used with young children that is age and individually appropriate.

Assertive: To maintain or defend rights without being hostile or passive.

Assessment: The collection of information through different types of procedures such as criterion-referenced tools, norm-referenced tools, observation, interviews, and anecdotal records.

Assistive device: Any specific aid, tool, or piece of equipment used to assist a student with a disability.

Associative play: A type of play in which a child plays with others in a group and subordinates his/her individual interest to the interests of the group.

At-risk: Students that have a greater chance of experiencing difficulties developmentally or at school due to social, economic, environmental, or biological factors.

Augmentative and alternative communication (AAC): An integrated group of symbols, aids, strategies, and techniques used by a student to enhance communication abilities. The system serves to supplement the student's gestural, spoken and/or written communication abilities. AAC strategies include the full range of approaches from "low tech" concrete and symbolic ones to "high tech" electronic voice out-put systems.

Battery device adaptor: Adaptation which allows a battery-operated device to be activated by a switch.

Boot: The process of turning the computer on and loading a program into memory.

Byte: The area of storage needed for storing a single character of the alphabet in memory. One thousand twenty four bytes are equivalent to one K of memory. One byte is made up of eight on/off electronic impulses called "bits." Knowing how much memory is available on your computer will ensure appropriate planning for software selection.

Categorical orientation: A philosophical approach to assessment designed to yield a diagnostic label; labeling a child according to some presumably underlying condition (e.g., learning disability, mental retardation, or behavior disorder).

Center-based services: Educational services that are provided at a central location, typically through a classroom type format.

Character: Refers to any letter, number, punctuation mark, or space used to represent information on the computer.

Child-initiated activity: An activity selected by a child with little or no intervention by another child or adult.

Close-ended materials: Materials that have one or two ways in which children can play with them and which offer few opportunities for creativity and experimentation.

Cognition: Application of intellect as opposed to feelings/affect in mental processes.

Collaboration: Interaction between people to solve a problem; working and sharing together for a common goal.

Collaborative: A group of agencies and parents working together to ensure quality services for young children with disabilities.

Communication skills: Receptive and expressive language, facial expressions, body language, gestures, etc. that allow a child to respond across settings.

Computer: It is the processing unit, memory, and power supply source of the computer system. Attached to the computer are the monitor, the input device (e.g., keyboard), and the disk drive. [Also called the central processing unit (C.P.U.).]

Computer assisted instruction (CAI): Refers to all instruction which is conducted or augmented by a computer. CAI software can target the full range of early childhood curricular goals, with formats that include simple exploration, educational games, practice, and problems solving.

Computer switch interface: Device which allows single switch access to a computer.

Constructive play: Play in which a child purposefully manipulates materials in order to build structures and produce novel or conventional creations.

Control unit: The unit that enables electrical devices to be activated by a switch.

Cooperative play: Play in which a child plays with other children in activities organized to achieve a common goal, may include interactive dramatic play or formal games.

Co-playing: Occurs when an adult joins in an ongoing play episode but lets the children control the course of the play.

Criterion-referenced tests: Evaluation tools which are specifically constructed to evaluate a person's performance level in relation to some standard.

Curriculum-based assessment: An assessment of a child's abilities or behaviors in the context of a predetermined sequence of curriculum objectives.

Cursor: The small blinking symbol on the monitor which indicates that the computer is waiting to receive information.

Dedicated device: A device containing a computer processor dedicated strictly to processing and producing voice output.

Developmental: Having to do with the typical steps or stages in growth and development before the age of 18.

Developmentally appropriate: The extent to which knowledge of child development is applied in program practices through a concrete, play oriented approach to early childhood education. It includes the concepts of age and individual appropriateness.

Developmentally appropriate curriculum: A curriculum planned to be appropriate for the age span of the children within the group and is implemented with attention to individual and differing needs, interests, and skills of the children.

Developmentally appropriate practice (DAP): Curriculum which is appropriate to the age and individual needs of children.

Differentiated referral: Procedures for planning, implementing, and evaluating interventions which are conducted prior to referral for multifactored evaluation.

Digitized speech: Speech that is produced from prerecorded speech samples. While digitized speech tends to be more intelligible and of higher quality than synthesized speech other factors such as the speaker system play into the overall effect.

Direct selection: A selection which is made on a computer through either a direct key press or use of a light to directly point to the desired key.

Discrepancy analysis: A systematic assessment process in which skills required for a task are identified and compared to a child's current skills to determine the skills that need to be taught or for which adaptations need to be made.

Disk: The item used to store computer programs. [Also known as a diskette or floppy disk.]

Disk drive: Component of computer system which reads program information stored on disk.

Documented deficit: Area of development or functioning for a child that has been determined to be delayed based on data obtained through structured interview, structured observation, norm-referenced and criterion-referenced/curriculum-based assessments.

Domain-referenced tests: Evaluation instruments which emphasize the person's performance concerning a well-defined level or body of knowledge.

Dramatic play: Play in which a child uses objects in a pretend or representational manner. [Also called symbolic play.]

Eligibility: Determination of whether a child meets the criteria to receive special education services.

Evaluation: A comprehensive term which includes screening, assessment, and monitoring activities.

Event Sampling: A type of systematic observation and recording of behaviors along with the conditions that preceded and followed them.

Expanded keyboard: Larger adapted keyboards that replace the standard keyboard for a child whose motor control does not allow an efficient use of a regular keyboard. With the use of special interfaces, the size and definition of the keys can be alterd based on the needs of the child.

Expectations: The level of behavior, skill, and participation expected within the classroom environment.

Exploratory play: Play in which a child learns about herself and her world through sensory motor awareness and involvement in action, movement, color, texture, and sound. Child explores objects and the environment to find out what they are about.

Family: Parents and their children; a group of persons connected by blood or marriage; a group of persons forming a household.

Fixed vocabulary: Vocabulary that has been pre-programmed by the manufacturer within a communication device. In some cases it can be altered. In other cases, revisions must be submitted to the manufacturer for re-programming.

Formative evaluation: The collection of evaluation data for the purpose of supporting decisions about the initial and ongoing development of a program.

Functional approach: A philosophical orientation to assessment and curriculum which seeks to define a child's proficiency in critical skills necessary for the child to be successful at home, at school, in the community, etc.

Functional play: Play in which a child repeats simple muscular movements or utterances. The repetitive action provides practice and allows for exploration.

Funding advocate: Individual who assumes critical role of developing a funding strategy, pursuing appropriate sources and patiently advocating on behalf of the child until funds are procured.

Funding strategy: A methodical play developed by the funding advocate for procuring funding which is based on a determination of unique individual needs and an understanding of the resources and requirements of appropriate systems.

Generalization: The integration of newly-acquired information and the application of it to new situations.

Graphics: Pictures and other visual information generated by the computer.

Grief: Reaction to loss; feelings parents may experience when confronted with information about their child's disability.

Hardware: Refers to all electronic and mechanical components making up the computer system, including the computer, monitor, disk drive, printer, and peripherals.

I.D.E.A.: Individuals with Disabilities Education Act.

Identification: The process of locating and identifying children who are eligible for special education services.

Imaginative play: Play in which a child uses toys or objects for imitation, role-playing, and pretending.

Incidental learning: Information learned in the course of play and other informal activities without the need for any specific teaching.

Individual appropriateness: Experiences that match each child's unique pattern of growth, personality, learning style, and family/cultural background.

Individual Family Service Plan (IFSP): A written plan for an infant or toddler developed jointly by the family and appropriate qualified personnel.

Individualized Education Program (IEP): A written education plan for a preschool or school-aged child with disabilities between the ages of three and 21 which is developed by a professional team and the child's parents.

Informal tests: Measures that are not standardized and are developed to assess children's learning in a particular area.

Initialize: A necessary process for preparing a computer disk to store information for the first time. Any information on the disk will be erased when the disk is initialized.

Input device: Any component or peripheral device which enables the child to input information to the computer. While the keyboard is the most common, other input devices include switches, adapative keyboads, joysticks, power pads, and touch windows.

Integrated preschool: A preschool class that serves children with disabilities and typically developing peers in the same setting.

Integration: Participation of children with disabilities in regular classroom settings with typically developing children.

Integration (of technology): A process in which assistive technology is effectively utilized to provide a child who has disabilities equal opportunity to participate in ongoing curricular activities. It involves using technology to augment internal capabilities in the accomplishment of desired outcomes in academic, social, domestic, and community settings and involves awareness-building on the part of all staff and peers.

Interdisciplinary: A model of team organization characterized by professionals from several disciplines who work together to design, implement, and document goals for an individual child. Expertise and techniques are shared among the team so all members can assist the child in all domains; all members assess or provide direct service to the child.

Interface: A connection between a computer and an add-on peripheral device.

Interface card: A circuit board which can be inserted into one of the expansion slots to add specific capabilities to the computer. Examples are Adaptive Firmware Card™ or Echo™.

Interpersonal communication: Communication with others.

Intrapersonal communication: Communication with oneself.

I/O game port: Ports located on or in the computer that allow the user to plug in peripheral devices.

Itinerant services: Services provided by preschool special education teachers or related services personnel which occur in the setting where the child or the child and parent(s) are located as opposed to providing services at a centralized location.

Joy stick: An input device for the computer which has a control stick and two buttons. Rotating the stick moves the cursor in a circle. Pressing the buttons can control other program features.

K: Stands for kilo or 1,000 (actually 1,024) bytes of memory. A computer with 64K has storage for 64 kilobytes of data.

Keyguard: A plastic or metal sheet with finger-sized holes that covers a standard or alternative keyboard to help children who have poor motor control to select the desired keys.

LEA (Local Education Agency): The public school district which is responsible for a student's education.

Leaf switch: Flexible switch that is activated when bent or gently pressed.

Least restrictive environment (LRE): To the maximum extend appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Manipulative play: Play in which a child acts upon objects in order to physically explore and control the objects.

Mask: A cardboard or plastic device that is placed over keyboard sections on a computer or communication device to block out unnecessary keys and assist the child in focusing on the target keys for a particular function.

Maximize: Making maximal use of the materials and environmental cues readily available in the typical early childhood environment in order to enhance the participation skills of children with disabilities within that classroom setting.

Megabyte: A unit of measure for computer memory. One megabyte equals 1,048,576 bytes or characters.

Memory: Computer chips which have the capacity to store information. Information stored in Read Only Memory (ROM) is stored permanently for the computer and cannot be erased. Random Access memory (RAM) is a temporary storage area for programs and data. RAM is erased when the computer is turned off and therefore must be stored on a disk or hard disk drive.

Mercury (tilt) switch: Gravity sensitive switch which activates when tilted beyond a certain point.

Modem: A peripheral device which allows a computer to send and receive data from another computer over the telephone lines.

Monitor: A screen which provides a visual display of the information being processed by the computer.

Motor planning: The discovery and execution of a sequence of new, non-habitual movements. Examples: Climbing through an unfamiliar obstacle course, learning to remove a sweatshirt or to tie a bow. Once the sequence is learned, it does not require motor planning to repeat it.

Mouse: A computer device that controls the pointer on the monitor. By clicking a mouse, a child can provide input to the computer.

Multifactored assessment: An evaluation of more than one area of a child's functioning so that no single procedure shall be the sole criterion for determining an appropriate educational decision. Such an evaluation includes professional staff from many disciplines.

Multidisciplinary; A model of team organization characterized by professionals from several discipines working independently who relate information concerning their work with an individual child to each other but do not coordinate, practice, or design a total educational program together.

Muppet learning keys: A touch sensitive keyboard designed specially for use with children. Letters and numbers are arranged in sequence, and keys are marked with colorful Muppet characters.

Norm-referenced tests: Tests that compare the performance of an individual against a group average or norm. Such tests often utilize standard scores, percentile ranks, age equivalencies, or developmental quotients.

Object permanence: The recognition of the existence of objects by children even after all or part of it is out of sight. Peek-a-boo is an early game to help baby begin to develop object permanence.

Observation: To take notice or pay attention to what children say and do in order to gather and record information for the purpose of interacting more effectively with them.

Open-ended materials: Materials which offer a wide range of opportunities for creativity and experimentation and that do not have just one or two ways in which a child can play with them.

Output: Any information that is transferred from the computer to another device such as a printer or speaker.

Output device: Any device that receives information from the computer and makes it available to the child in an understandable form. Output devices include monitors, printers, and speech synthesizers.

Overlay: Paper or plastic sheet which fits over a computer keyboard or electronic communication device containing symbols or icons depicting the information stored in the active areas below.

Parallel play: A situation in which a child plays independently with materials similar to those used by children playing in close proximity. Social contact is minimal.

Peer-initiated acitivity: A child becomes involved in an activity following the observation of a peer engaged in play or through invitation by that peer.

Peripheral: Any hardware device which is outside, but connected to, the computer. Peripherals include input and output devices such as joysticks, touch windows, adaptive keyboards, speech synthesizers, and printers.

Physical play: Action that is frequently social, may be competitive, and includes rough-and-tumble activities.

Plate switch: The most common type of switch. Downward pressure on plate causes circuit to be completed and connected object will be activated.

Play: Freely chosen, spontaneous, and enjoyable activities which assist in organizing cognitive learning, socialization, physical development, communication, etc.

Play-based assessment: Assessing children in a natural play-oriented setting as opposed to a traditional assessment environment in which the examiner controls the child's behavior through standardized testing procedures.

Play tutoring: An adult initiates a new play episode taking a dominant role and teaching the child new play behaviors.

Port: A socket on the back panel or on the logic board of the computer for connecting peripheral devices.

Power pad: A touch sensitive pad used as an alternate means of accessing the computer. Overlays define press areas necessary to activate special software programs.

Practice play: Involves the child's pleasurable repetition of skills that have been previously mastered.

Pressure sensitivity: Refers to the amount or degree of touch sensitivity required to activate a device.

Preventative approach to managing behavior: Adults set the stage for an environment that is child-centered, based on developmentally appropriate activities, expectations, and techniques, and organized to address positive discipline.

Printer: The device which produces a printed "hard copy" of the text or graphics from the computer.

Program: A set of instructions for the computer which allows it to carry out a specific function or task.

Programmable vocabulary: Refers to communication devices that can be programmed on site, as opposed to being returned to the manufacturer for programming.

Public domain software: Programs which are not copyrighted and are available for copying.

Public Law 94-142: A law passed in 1975 requiring that public schools provide a "free, appropriate public education" to school-aged children regardless of handicapping conditions (also called the Education of the Handicapped Act).

Public Law 99-457: *The Education of the Handicapped Act Amendments of 1986.* This law mandated services for preschoolers with disabilities and established the Part H program to assist states in the development of a comprehensive, multi-disciplinary, and statewide system of early intervention services for infants and toddlers (birth to age three).

Public Law 101-476: *The Education of the Handicapped Act Amendments of 1990.* This law changed the name of EHA to the Individuals with Disabilities Education Act (I.D.E.A.). The law reauthorized and expanded the discretionary programs, mandated that transition services and assistive technology services be included in a child's or youth's IEP, and added autism and traumatic brain injury to the list of categories of children and youth eligible for special education and related services among other things.

Pure-tone hearing test: Test that detects hearing loss using pure tones (frequencies) varing from 250 Hz to 8,000 Hz. This is the range that includes most speech sounds.

Rating scales: Tests used in making an estimate of a child's specific behaviors or traits.

Reliability: A measure of whether a test consistently measures what it was designed to measure. The focus is on consistency.

Role release: Mutual sharing of knowledge and expertise by professionals on a team in order to enhance service delivery to the child and family which enables each team member to carryout responsibilities traditionally assigned to another member of the team.

Running record: A narrative description involving a record of a child's behavior and relevant effects for a period of time.

Scanning: A process by which a range of possible responses is automatically stepped through. To select a response, the child activates the switch at the desired selection.

Screening: A process of identifying and referring children who may have early intervention needs for further assessment.

Self-control: The voluntary and internal regulation of behavior.

Shareware: Public domain software available for trial use prior to purchase.

Sip 'n puff: A type of switch which is activated by sipping or puffing on tubing.

Social competence: The ability of a child to interact in a socially acceptable and developmentally appropriate manner.

Software: The programs used by the computer which are available on both 3.5" and 5.25" disks.

Solitary play: A situation in which a child plays alone and independently with materials different from those used by children playing in close proximity. No social contact occurs.

Speech synthesizer: An output device which converts electronic text characters into artifical speech. A circuit card interfaces the computer and speaker, enabling the production of "spoken" output.

Standardized tests: Tests which include a fixed set of times that are carefully developed to evaluate a child's skills or abilities and allow comparison against a group average or norm.

Structured interview: An interview employing carefully selected questions or topics of discussion.

Structured observation: A situation in which the observer utilizes a predetermined system for recording child behaviors; also referred to as a systematic observation.

Structured play: Carefully planned activities with specific goals for adult/child, child/child, or child/materials interaction.

Summative evaluation: Evaluation strategies designed to measure program effectiveness.

Switch: A device that can be used to control an electronic object. A switch can be used as an alternative means of accessing an electronic toy or appliance, communication system, mobility device, or computer.

Switch interface: A connection between a switch and the object being controlled. A timer is an interface used to control how long the item will remain turned "on."

Switch latch interface: An interface which turns a device on and then off with each switch activation.

Symbolic play: Play in which a child uses one object to represent or symbolize another.

Synthesized speech: Speech that is produced by blending a limited number of sound segments. Because it is simply a combination of established sounds, it tends to sound robotic.

Systematic intervention: An approach which utilizes data collection to determine the effectiveness of the intervention.

Systematic observation: See "Structured Observation."

Tactile: Having to do with the sense of touch.

Teacher-directed activity: An activity in which the adult initiates and continues to supervise children's play. This type of supervision can be used to direct children, help them learn to initiate and attend to an activity, and to provide reinforcement for their participation.

Teacher-initiated activity: One in which the adult brings attention to an activity, but withdraws as children become involved and play on their own.

Time sampling: A type of systematic observation whereby tallies are used to indicate the presence or absence of specified behaviors over short periods of time.

Touch window: A touch sensitive screen designed as an alternative means of accessing the computer. The child simply touches the screen (attached to the monitor) to provide input to special computer programs.

Transdisciplinary: An effective team approach to IEP development and problem-solving which involves "role release" on the part of the team members resulting in problem-solving through a mutual sharing of all disciplinary perspectives. One professional is assigned the role of "primary" service provider.

Typically developing child: A child who is not identified as having a disability.

Unicorn keyboard: An alternative computer keyboard for use when a standard keyboard may not be accessable; 128 one-inch square keys can be redefined to create larger areas to accommodate the physicial capabilities of the child.

Unidisciplinary: Professionals from various disciplines (education, speech, motor, etc.) provide intervention services to the same child with little or no contact or consultation among themselves.

Unstructured play: Adult observes the child's play and attempts to fit into and be responsive to the play to the degree that the child allows or seems interested.

Validity: A measure of whether test items measure the characteristic(s), aptitude, intelligence, etc. that they were designed to measure.

VOCA: Voice output communication aid. This term refers to any electronic AAC approach which produces voice output.

Voice input: A voice recognition system which enables the computer to receive, recognize, and convert human voice input into data or other instructions.

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PROJECT PREPARE

Leaders Planning Guide and Evaluation Form

IEP

LEADER PLANNING GUIDE

In order to assure successful in-service presentations, a number of critical items must be addressed by the leader before, during, and after the training day.

Before the Training Day:

______ Arrange for setting (e.g., meeting room, chairs, lunch, and audio visual materials and equipment)

______ Prepare and disseminate flyer

______ Review module and prepare presentation
  a. Review Glossary
  b. Collect or prepare materials needed for selected activities (e.g., toys, videos)

______ Duplicate necessary overheads and handouts

______ Prepare and duplicate agenda

______ Duplicate Pre/Posttest
(May be sent before session and returned with registration in order to assist in planning)

______ Duplicate participant evaluation form

______ Prepare a sign-in form in order to gather name and position (discipline) of participants

During the Training Day:

______ Require each participant to sign in

______ Provide each participant with:

  ______ Agenda

  ______ CEU information (if applicable)

  ______ Pre/Posttest

  ______ Necessary handouts

  ______ Participant evaluation form (end of the day)

______ Explain CEU process (if applicable)

______ Explain participant evaluation process

_____ Have participants complete Pretest (if not completed earlier)

_____ Present module seminar

_____ Collect CEU information and checks (if applicable)

_____ Have participants complete Posttest and participant evaluation form

_____ Collect completed Posttest and participant evaluation forms

After the Training:

_____ Complete the leader evaluation form

_____ Mail a copy of the following to:
Project Prepare
Cuyahoga Special Education Service Center
14605 Granger Road
Maple Heights, Ohio 44137

_____ Leader evaluation form

_____ Compilation of Participant evaluation forms

*Are you seeking Project Prepare Certification? ____ Yes ____ No

*All qualified staff development leaders are encouraged to use the materials for the preparation of personnel who are working with young children who have special needs. Staff development leaders who wish to become certified Project Prepare Leaders are required to conduct a staff development session utilizating each of the nine Project Prepare modules. Each session must be at least five hours in length. Data regarding module certification will be gathered through the leader evaluation forms by Project Prepare, Cuyahoga Special Education Service Center. The names of the Project Prepare Certified Leaders will be placed on file with the Ohio Department of Education, Division of Early Childhood Education and the 16 Special Education Regional Resource Centers.

PROJECT PREPARE
LEADER EVALUATION FORM

Leader Name ______________________ Date ______________________

Agency ______________________ SERRC Region ______________________

Address ______________________ Module Title ______________________

____

Number of in-service participants __________

Using the sign-in form, please indicate the number of participants from the following disciplines or positions that attended the session.

Early Childhood Special Educator ( )

Early Childhood Educator ( )

Occupational Therapist ( )

Physical Therapist ( )

Speech/Language Therapist ( )

Special Educator ( )

Administrator ( )

Psychologist ( )

Teaching Assistant ( )

Parent ( )

Other (specify) ______________________________________

Please answer the following questions.

1. To what extent did these materials allow you to meet your in-service objective?

   ( ) Not at all ( ) Somewhat ( ) For the most part ( ) Completely

2. How would you rate the interest level of the activities?

   ( ) Low ( ) Average ( ) High

3. Would you recommend these materials to other professionals involved in early childhood staff development?

   ( ) Yes ( ) No

4. Comments ______________________________________

PARTICIPANT EVALUATION FORM

INTRODUCTION: Thank you for attending this in-service session. We would appreciate receiving your feedback on the success of the training on the questions listed below. The information that you provide will be used to help us plan future events.

DIRECTIONS: Please answer item 1 by placing a (✓) beside your current position. For items 2 through 9 check the response that most closely matches your feelings about each statement. Supply the requested information for items 11 through 13.

1. Current Position:
   - ( ) Early Childhood Special Education Teacher
   - ( ) Early Childhood Teacher
   - ( ) Special Education Teacher
   - ( ) Regular Education Teacher
   - ( ) Speech/Language Therapist
   - ( ) Physical Therapist
   - ( ) Occupational Therapist
   - ( ) Administrator
   - ( ) Teaching Assistant
   - ( ) Parent
   - ( ) Other (please specify) ____________________

	Unacceptable	Poor	Average	Good	Excellent
2. Overall, I felt that the in-service session was	( )	( )	( )	( )	( )
3. I felt that the organization of the in-service activities was	( )	( )	( )	( )	( )
4. The presenter's approach to sharing information was	( )	( )	( )	( )	( )
5. My understanding of the information presented today is	( )	( )	( )	( )	( )
6. The way in which this session met my (professional/parenting) needs was	( )	( )	( )	( )	( )
7. The new ideas, skills, and/or techniques that I learned today are	( )	( )	( )	( )	( )

	Unacceptable	Poor	Average	Good	Excellent
8. My motivation level for using the information and/or techniques presented today is	( )	( )	( )	( )	( )
9. The way in which children and/or families that I work with will benefit from my attendance today is	( )	( )	( )	( )	( )

10. Would you recommend this workshop to others?

( ) Yes ( ) No

11. What were the most useful aspects of this in-service?

12. Which aspects of the training do you feel could be improved?

13. Do you have any specific needs related to this topic that were not met by this in-service?

( ) Yes ( ) No

If yes, what additional information would you like to receive?

IEP (General)

PRE/POST TRAINING ASSESSMENT

Rate the following competencies as to your current level of knowledge and expertise.

0 = Not necessary in my position
1 = Truly unfamiliar
2 = A little knowledge
3 = Somewhat familiar
4 = Very knowledgeable

0	1	2	3	4	
					1. Define IEP in terms of purpose and function for preschool children with disabilities.
					2. Understand generally the legal and ethical basis for including children with disabilities in typical preschool programs serving those who are typically developing.
					3. Recognize the full range of services available to preschool children.
					4. Identify various components of an IEP.
					5. Be familiar with various formats of IEP's and strengths/ weaknesses of each.

Comments: ____

____

____

____

____

IEP (Staff)

PRE/POST TRAINING ASSESSMENT

Rate the following competencies as to your current level of knowledge and expertise.

0 = Not necessary in my position
1 = Truly unfamiliar
2 = A little knowledge
3 = Somewhat familiar
4 = Very knowledgeable

0	1	2	3	4	
					1. Define IEP in terms of implication for practice.
					2. Understand the legal and ethical basis for including children with disabilities in typical preschool programs serving those who are typically developing.
					3. Recognize that the IEP is the documented curriculum for addressing the area of disability.
					4. Develop integrated IEPs by modifying techniques and creating new strategies to meet the needs of the child.
					5. Be familiar with features of a transdisciplinary IEP.

Comments: ____

____

____

____

____

IEP (Administrator)

PRE/POST TRAINING ASSESSMENT

Rate the following competencies as to your current level of knowledge and expertise.

0 = Not necessary in my position
1 = Truly unfamiliar
2 = A little knowledge
3 = Somewhat familiar
4 = Very knowledgeable

0	1	2	3	4	
					1. Define IEP in terms of implications for program development.
					2. Identify relevant sections from state and federal law and ethical issues related to including preschool children with disabilities in programs with typically developing children.
					3. Recognize that the IEP is an effective way of addressing the needs of the child and assists in program design.
					4. Support transdisciplinary programs while recognizing staff concerns and program needs.
					5. Understand components of an IEP unique to preschool services.

Comments:

PROJECT PREPARE

Modules for Competency-Based
Personnel Preparation in
Early Childhood Education

IEP

General

GOALS

1. State the definition and understand the purpose of an IEP.
2. Understand state and federal regulations in regard to the IEP.
3. Recognize that the IEP is one component of a comprehensive service delivery system.
4. Recognize the importance of an integrated IEP.
5. Understand various IEP formats appropriate for young children.

GOAL 1

IEP

LEVEL: GENERAL

GOAL: **#1** State the definition and understand the purpose of an IEP.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand the definition and purpose of the IEP.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Pretest	1. Handout (G-H1) *Pretest/Posttest*	1. Have participants complete the pretest.
2. Give overview of laws. Discuss the definition and purpose. List four major purposes.	2. Handouts (G-H2 and 3) *Information about Public Law — P.L. 94-142 and 101-476* I.D.E.A. *Information about Public Law — P.L. 99-457* NICHCY Washington, D.C., 1991 Transparencies (G-T1 and 2) *Individualized Education Program* *I.D.E.A.* **Supplemental Resources** Lowenthal, Barbara, 1979 IEP Purposes and Implications, *Young Children*	2. Be sure to cover such points as – Parent involvement. – Child's present level of functioning. – Positive aspects of the child.

PRETEST/POSTTEST IEP

1. A differentiated referral procedure may be undertaken prior to a referral for an MFE.

2. If a child is in a preschool program for children with disabilities and receives both speech therapy and occupational therapy, how many IEP's will the child have?

3. List the minimum participants/roles necessary for the development of the initial IEP.

4. List three activities or functions that require a school district to initiate and conduct an IEP meeting.

5. Select by underlining the activity that occurs first:
   (a) Placement of child
   (b) IEP development

6. If neither parent can attend a planning conference, list some alternative methods schools may use to involve parents in the development of the IEP.
   1.
   2.
   3.
   4.
   5.

7. List the nine required components of an IEP:
   1.
   2.
   3.
   4.
   5.
   6.
   7.
   8.
   9.

8. Select by checking the statements that reflect requirements in evaluation procedures:
   ______ (1) Tests should assess areas of development/functioning.
   ______ (2) Tests must be administered in the child's native language.
   ______ (3) I.Q. cannot be the sole criterion for placement.
   ______ (4) One person can administer the total evaluation.
   ______ (5) Evaluation may include medical evaluations.
   ______ (6) Structured observations, structured interviews and curriculum-based methods are optional.

9. How frequently is a school district required to determine the placement of a child with a disability?

10. When should an IEP be reviewed?

11. Can the short-term instructional objectives be developed after a child is placed in special education?

12. List the required participants/roles necessary for a periodic review.

Information about Public Law 94-142

THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT

Going to school and getting an education is every child's right. This is true for children with disabilities as well. They have the right to go to school and to learn academic and social skills in ways that meet their special needs.

To make sure that children with disabilities have these rights, Congress passed a law in 1975 known as Public Law (P.L.) 94-142. This law requires that all states (and territories) provide a public school education to children, ages 3 to 21, (unless state law or practice does not provide for public school services for children 3-5 or 18-21), no matter how severe their disability(ies) are. Under P.L. 94-142, all children with disabilities have the right to learn to the best of their abilities.

There are several basic rights that this law promised to children with disabilities (ages 3 to 21) and their parents:

- The right to a "free, appropriate public education" at public expense (in some cases, this may include placing a child in a private school);
- The right to an education placement that is based on an assessment and evaluation of each child's own special needs;
- The right for children with disabilities to receive teaching or instruction that is designed to meet their needs; these needs are to be clearly written and include in an Individualized Education Program (IEP) for each child, with statements about what services the child will receive;
- The right to a full range of educational services that may include related services such as counseling, special transportation, speech/language therapy, or occupational or physical therapy;
- The right for parents (or guardians) to be included in making decisions about their child's educational needs and to approve the educational plans for their child; and
- The right for parents (or guardians) to appeal any decisions made about the identification, evaluation, and placement of the child through a due process procedure.

Finally, P.L. 94-142 requires that children with disabilities be educated in the "Least Restrictive Environment" (LRE), that is, in the most normal school setting possible, with special help provided.

For more information about P.L. 94-142, please contact:

NICHCY
P.O. Box 1492
Washington, D.C. 20013

HIGHLIGHTS OF THE EDUCATION OF THE HANDICAPPED ACT AMENDMENTS OF 1990

P.L. 101-476

NEW NAME	The EHA is now called the Individuals with Disabilities Education Act or "I.D.E.A." [§901(a) of P.L. 101-476, amending 20 U.S.C. §1400(a)]
LANGUAGE CHANGES	Consistent with the name change, all references to "handicapped children," "handicapped youth," etc. have been changed to "children with disabilities," etc. [§1901(b) of P.L. 101-476, amending numerous provisions of 20 U.S.C. §1400 *et seq.*]
ABROGATION OF SOVEREIGN IMMUNITY	States no longer enjoy 11th Amendment immunity from suit in federal court for violations of the EHA/IDEA; states may now be sued to the same extent — and for the same remedies — as other public entities for violations of the Act. This provision effectively repeals the Supreme Court's 1989 decision in *Dellmuth v. Muth,* and applies to violations occurring in whole or in part after October 30, 1990. [§103 of P.L. 101-476, adding 20 U.S.C. §1403]
ELIGIBILITY	Autism and traumatic brain injury have been expressly added to the list of disabilities that may render children eligible for special education and related services. [§101(a) of P.L. 101-476, amending 20 U.S.C. §140(a)(1)]
DEFINITION OF SPECIAL EDUCATION	The definition of "special education" has been amended to include instruction conducted in settings other than the classroom, the home, hospitals, and institutions. [§101(b) of P.L. 101-476, amending 20 U.S.C. §1401(a)(16)]
DEFINITION OF RELATED SERVICES	"Therapeutic recreation," "social work services," and "rehabilitation counseling" are now expressly listed as examples of related services school systems may be required to provide. [§101(c) of P.L. 101-476, amending 20 U.S.C. §1401(a)(17)]
TRANSITION PLANNING AND SERVICES	Beginning no later than age 16 (and in some cases at age 14 or younger), Individualized Education Programs ("IEPs") must include a statement of the "transition services" the student will need before leaving the school setting. Transition services are to promote the student's movement from school to post-school activities (including post-secondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living, or community participation) and must include instruction, community experiences, development of employment and other post-school living objectives and, in some cases, acquisition of daily living skills and functional vocation evaluation. The IEP must also state any interagency responsibilities or linkages regarding the needed transition services. In the event that a participating agency other than the school system fails to provide agreed upon services, the IEP team must reconvene to identify alternative strategies for meeting the transition objectives. [§§101(d) and (e) of P.L. 101-476, amending 20 U.S.C. §§1401(a)(19) and (20)]

CHILDREN LIVING ON RESERVATIONS	The Secretary of the Interior is directed to develop a plan to insure that all children with disabilities residing on reservations receive EHA/I.D.E.A. services regardless of whether or not the reservation is served by a Bureau of Indian Affairs school. The plan must be submitted to Congress before March 1, 1991 and may not be based upon any blanket assumption or legal interpretation that denies federal or Interior Department responsibility for any group or class of children. [§201 of P.L. 101-476, amending 20 U.S.C. §1411(f)]
EARLY INTERVENTION	"Social work services" have been added to the statutory definition of "early intervention services." [§801 of P.L. 101-476, amending 20 U.S.C. §1472(2)(E)]. Mandatory state programs publicizing the availability of early intervention services must meet new requirements. [§802 of P.L. 101-476, amending 20 U.S.C. §1476(b)(6)] New provisions regarding personnel development include the requirement that "primary referral sources" be trained on the basic components of early intervention services available in the state. [§§802 of P.L. 101-476, amending 20 U.S.C. §1476(b)(8)]
ATTENTION DEFICIT DISORDER	The U.S. Department of Education is directed to seek public comment regarding the possible future inclusion of attention deficit disorder as a disability qualifying children for services under the EHA/IDEA. [§102 of P.L. 101-476]

Advocates should be aware that the various amendments to the EHA/I.D.E.A. have affected the numbering of some sections of the statute. For example, what was formerly 20 U.S.C. §§1401(a)(19) — the definition of "Individualized Education Program" — is now 20 U.S.C. §1401(a)(20). The new 20 U.S.C. §1401(a)(19) defines "transition services."

The above is only a partial list of the changes made by P.L. 101-476. For additional information, contact the Center for Law and Education, 955 Massachusetts Avenue, Cambridge, MA 02139 (617) 876-6611.

INDIVIDUALS WITH DISABILITIES EDUCATION ACT

P.L. 101-476, the Individuals with Disabilities Education Act, was passed on October 30, 1990. This new law amends and updates P.L. 94-142, the Education of the Handicapped Act.

The following is a brief summary of the changes in the federal law which will potentially have a direct impact on the educational services provided to children with educational handicaps:

- Autism and traumatic brain injury have been added to the definition of children with disabilities (Section 602.a.1).
- Rehabilitation counseling and special work services have been added to the definition of related services (Section 602.a.17).
- The definition of Transition Services has been added and reads as follows: "A coordinated set of activities for a student, designed within an outcome-oriented process, which promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interests, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives, and when appropriate, acquisition of daily living skills and functional vocational evaluation" (Section 602.a.19).
- The definition of Individualized Education Program (IEP) has been altered to require statements regarding needed transition statements regarding needed interagency responsibilities/linkages (Section 602.a.20).

Other areas addressed in I.D.E.A. include staff development, defining of assistive technology devices, new research and demonstration programs, requirements regarding outreach to minorities, etc. The office of Special Education Programs in the U.S. Department of Education has projected a mid-February publishing date for regulations that accompany the changes in the law.

A copy of P.L. 101-476 (I.D.E.A.) can be obtained by sending a self-addressed label to:

House Document Room
U.S. House of Representatives
Washington, D.C. 20515

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Information about Public Law 99-457

THE EDUCATION OF THE HANDICAPPED ACT AMENDMENTS OF 1986

In October, 1986, Congress passed a very important special education law called Public Law (P.L.) 99-457. This law is an amendment to P.L. 94-142 and is an important step forward in educating your children with disabilities.

Under P.L. 99-457, Congress has made funds available to help states and territories who want to continue receiving federal funds under the infant, toddler, and preschool programs to provide the following services:

- Early Intervention Services to infants and toddlers (ages birth through two years) with disabilities no later than the beginning of a state's fifth year of participation in the Part H Program. *If a state chooses to,* it can also serve infants and toddlers at risk of developing disabilities; and
- Special education programs and related services to preschoolers (ages three through five years) who have disabilities no later than school year 1991-92.

The term "handicapped infants and toddlers" in P.L. 99-457 refers to children (ages birth through two years) who need early intervention services in any of the following five areas:

- Physical,
- Cognitive,
- Speech/language,
- Psycho-social, and/or
- Self-help skills.

Early intervention services must be provided by people who are qualified to work with infants and toddlers who have handicaps or who are at risk for developing disabilities. Any services provided must be written into an Individual Family Services Plan (IFSP) that is reviewed every six months.

P.L. 99-457 also assures that all the rights and protections under P.L. 94-142 extend to *all* preschool children (ages 3-5 years) with disabilities. It strengthens and expands current programs for preschoolers with disabilities (ages 3-5 years) and increases the funding available for developing and improving such programs. P.L. 99-457 is important because it recognizes that some infants and toddlers will need early intervention because they already have, or most likely will have, a delay that will have an impact on future learning.

For more information about P.L. 99-457, please contact:

NICHCY
P.O. Box 1492
Washington, D.C. 20013

"INDIVIDUALIZED EDUCATION PROGRAM"

(IEP) means a written statement for a handicapped child that is developed and implemented in accordance with paragraph E. of rule 3301-51-02, of the Administrative Code.

Source: *Rules for the Education of Handicapped Children* Chapter 3301-51 ORC 1982.

The individualized education program required for each child with a disability is the central building block to understanding and effectively complying with the Act. In order to understand the IEP, it is important that the reader first review several important underlying concepts.

I.D.E.A.

Individuals with Disabilities Education Act can be organized around four major purposes:

- To guarantee the availability of special education programming to eligible children with disabilities who require it.
- To assure fairness and appropriateness in decision making about providing special education to eligible children with disabilities.
- To establish clear management and auditing requirements and procedures regarding special education at all levels of government.
- To financially assist the efforts of state and federal government through the use of federal funds.

Source: P.L. 101-476 I.D.E.A.

LEVEL: GENERAL

GOAL: **#1** State the definition and understand the purpose of an IEP.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will identify the various components of an IEP.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Discuss what an IEP is and is not.	1. Transparency (G-T3) *What is an IEP?* **Supplemental Resources** Ohio Coalition-Green Book for Parents-Monitoring Educational Programs	1. Discuss how participants would define the IEP and describe its purpose. 2. Review Transparency

WHAT IS AN IEP?

The Individualized Education Program (IEP) is a written statement of the educational program designed to meet the unique needs of an individual child with a disability(ies).

Two major parts of the IEP requirement:

1. The IEP meeting(s) at which parents and school personnel jointly decide a child's educational program; and
2. The IEP document itself, which is a written statement of the child's educational program and related services.

IEP is not:

1. A course of study
2. A lesson plan

IEP provides:

1. Measure of what the child should achieve.
2. How it is to be achieved.
3. When and if child's program needs to be adjusted.

Source: IEP Module Central Ohio SERRC.

LEVEL: GENERAL

GOAL: **#1** State the definition and understand the purpose of an IEP.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will appreciate the role of the IEP in relation to special education program delivery.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Discuss the use of IEP objectives to guide the special education curriculum for the child's areas of documented deficit.	1. Handout (G-H3) O.D.E. Division of E.C. Monograph No. 4 **Supplemental Resources** Safford, P.L., 1989, *Integrated Teaching in Early Childhood: Starting in the Mainstream.*	1. Review highlights of the Handout with participants. 2. Note how the issue of diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence this process.

Ohio Department of Education
Division of Early Childhood Education
Rules Implementation
Monograph No. 4
(Draft 3/91)

DEVELOPING INDIVIDUALIZED EDUCATION PROGRAMS (IEPs) FOR YOUNG CHILDREN WITH DISABILITIES

An IEP (Individualized Education Program) conference is held for each child within 30 days after the child is determined to be eligible for early childhood special education and related services. The IEP conference participants will determine the nature and degree of special education needed, if any, and will summarize the information, discussions, and decisions made concerning a child's developmental/educational needs. A wide array of individuals who have specific expertise or information about a child will be involved in the development of the IEP. The IEP should reflect the continuity of the special education process steps to this point and integrate all information gathered during the process.

The IEP meeting should promote positive communication between parents and school personnel, and foster an atmosphere of equal partnership in the child's program. The IEP itself is an instructional management tool that will ensure appropriate services. It will commit the resources necessary to the resolution of differences outside of due process. The IEP will also serve as a basis for evaluating student progress by describing instructional goals and objectives.

The IEP conference is a team approach. Both parents and special education personnel may be listed as the implementers of the IEP. Development of the IEP is by definition a collaborative activity between school and parents. Simply signing the IEP is not an indication of collaboration. Meaningful involvement in the IEP development process provides an excellent foundation for continued parental-professional collaboration. To be effective, all team members should share the decision making process.

The participants of the IEP conference must include the following, one of whom must be designated as chairperson:

- A person, other than the child's teacher, who is a representative of the school district and who is qualified to provide, or supervise the provision of, special education (i.e., building principal, director of special education);
- The child's teacher;
- One or both of the child's parents;
- Other individuals at the discretion of the parent or agency (i.e., related services personnel, other service providing agency personnel); and
- A member of the evaluation team or a representative of the school district, the child's teacher, or some other person who is knowledgeable about the evaluation procedures used with the child and is familiar with the results of the evaluation.

The IEP conference participants are responsible for the following:

- Reviewing the multifactored evaluation team report;
- Determining the nature and degree of special education intervention needed, if any;
- Developing an IEP for a child determined to be in need of special education; and
- Determining the least restrictive environment in which the special education intervention is delivered.

The remaining portions of this monograph summarize the major areas of information that IEP team members need to consider when developing IEPs for preschool-age children. A sample IEP format appropriate for use with this population of children is included in Appendix A. This format may be used as is, or modified to meet idiosyncratic program needs and characteristics.

Development of the IEP

A statement of the present levels of development/functioning of the child. This information will be gleaned from the multifactored evaluation team report, the components of which are outlined in Rule 3301-31-02 (H) and include:

- Documentation of all assessment dates, procedures, and results;
- Documentation of the area(s) of documented deficit; and
- Description of observed behavior in the area(s) of deficit as compared to typical behavior of same-age peers.

Included in this summary should be the area(s) of development/functioning affected by the child's disability, including both strengths and needs.

A statement of annual goals, including short-term instructional objectives. There should be a direct relationship between the statement of present level(s) of development/functioning of the child and the annual goals. There should be more than one objective for each annual goal, and there should, of course, be a direct relationship between goals and objectives.

Care should be taken to ensure that annual goals and short-term objectives reflect principles of developmentally-appropriate practice. It may be helpful to translate how these goals and objectives can be appropriately implemented within the daily activities that take place within an early childhood setting that incorporates the basic principles that underlie developmentally-appropriate curriculum.

A statement of the specific special education and related services to be provided to the child, and the extent to which the child will be able to participate in regular education programs. Once annual goals and short-term instructional objectives have been developed, the IEP team must consider how these goals and objectives can be most appropriately met including a determination of type of services that will be necessary to accomplish the goals and objectives, who will provide the needed services, and where the services will be delivered.

There are three major types of services that both preschool special education teachers and related service personnel may provide. They include *consultative services* (i.e., the service

provider consults with the early childhood education teachers regarding modification of the learning environments to meet individual learning needs, *indirect services* (i.e., the service provider facilitates the related activities within the natural learning environment of the early childhood education setting, or *direct services* (i.e., the service provider works directly with individual children within the early childhood education setting).

When determining who will provide needed services, team members should consider both *special education teachers and related services personnel.* In some cases, there may be goals and objectives for which service providers representing more than one discipline will be trained to address. As an example, a child with a documented deficit in the communication domain might receive services from a preschool special education teacher or a speech/ language pathologist. Or a child with a documented deficit in the motor domain might receive services from a physical therapist, occupational therapist, or a preschool special education teacher. Related services for a preschool child with a disability may be considered a special education program if they provide specially designed instruction to meet the unique needs of the child and no other special education program is currently being provided to that child.

Preschool special education teachers and related services personnel may be delivered in a variety of alternative service delivery options as outlined in Rules Implementation Monograph No. 2. These options include *Itinerant services* (delivered in the home or public school/community-based program), and *center-based services* (delivered through shared classroom, enrollment of typical peers, mainstreaming, reverse mainstreaming, or separate class arrangements).

The IEP team participants should consider the strengths and needs of the child as well as the family when determining the least restrictive environment in which special education and related services will be delivered. The team should also identify the environment in which the child would be if no disability existed, and remove the child from that environment only when it has been determined that, even with the provision of supplemental aids and services, the individual goals and objectives cannot be achieved satisfactorily in that setting. Team members may want to ask the following questions when making decisions regarding least restrictive environment:

- Is it likely that this child will achieve stated goals and objectives with special education and related services provided in the child's environment(s)?
- Can the current environment be modified/adapted to meet the child's needs?
- Does appropriate implementation of this child's IEP require any/some removal of this child from the child's typical environment?
- If the typical environment can not be reasonably adapted so that the IEP can be implemented, what changes are necessary to implement the IEP?

Documentation of the extent to which the preschool-age child will participate in regular education programs is based on the ten hours per week (center-based) and four hours per month (itinerant) standard and defined as the extent of time spent in early childhood programs for typically developing children when compared to the percent of time spent in early chidhood special education programs. For example, a child enrolled in a public school preschool program and receiving special education services through an itinerant model two hours per week would spend 83% of time in regular education. A child enrolled in a self-contained early childhood special education classroom would spend 0% of time in regular education.

The projected date for initiation and anticipated duration of special education and related services. The IEP should document the date that special education and related services will be initiated. The statement of duration should represent the best estimate of how long the child will require these special education and related services. It is not meant to be a binding statement since it is reviewed at least annually, and can be revised at any appropriate time.

Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether short-term instructional objectives are being achieved and whether current services are appropriate.

This portion of the IEP must set forth and specify the criteria and evaluation procedures to accomplish several tasks:

- To determine whether or not each of the child's objectives has been (or is being) met;
- To specify how and when the service providers will review the child's performance;
- To determine whether or not current (or continued) services are appropriate; and
- Whether other services, options, or adjustments should be made.

In order to accomplish these tasks, there must be an evaluation procedure and criteria for *each objective written.* Only through well-developed procedures and criteria can the IEP team at the annual review actually determine if short-term objectives have been accomplished.

Additional information to be included. Following is a list of additional information areas that should be included on each child's IEP:

- The child's name and birthdate;
- The child's primary area(s) of deficit;
- The child's educational placement;
- The physical location of the child's special education program and related services;
- The names and titles of persons participating in the conference and the date of the conference in which the IEP is developed;
- The parent's waiver of his or her right to notification of placement by certified mail; and
- The parent's consent for placement in the recommended special education program and for the provision of any related services.

Review and Revision of the IEP

Evaluation of a child's progress is on-going and is part of the preschool special education teacher's lesson plans. A formal review and, when appropriate, a revision of a child's IEP should occur at least annually, but the process may be initiated at any time. A review of the IEP should occur:

- At the request of the parent;
- Prior to a child's moving to another school district or another program within the school district;
- When a child has accomplished the goals and instructional objectives as stated in the IEP and is showing age-appropriate developoment in the designated skill areas;
- When there is an addition or deletion of special education services (i.e., occupational therapy, physical therapy); and
- When a child moves into the school district with an active IEP from another district/agency.

The IEP review team shall consist of the child's teacher, one or both of the child's parents, a person qualified to provide or supervise the provision of special education, and others, deemed appropriate

At the required annual review, the following considerations need to be made based on the most current evaluation information and a review of the IEP:

- Reassessment;
- Dismissal from program;
- Deletion of services;
- Addition of services; and
- Continuation of services.

Preschool Transition Plan

A transition plan should be developed for any preschool child moving from one educational environment to another. The preschool transition plan should be written into the IEP as an area with an annual goal(s) and objectives. Participants in an IEP meeting who may be addressing preschool transition should include professionals from both the sending and the receiving agencies/programs as well as the parents and other participants as determined necessary. The implementation of the preschool transition plan should begin the year prior to the child's placement in a new educational environment. However, transition may be an ongoing process throughout the child's program.

Family Involvement Plan

A family involvement plan should be developed for the family of any preschooler if determined appropriate by the IEP team. The family involvement plan should be written into the IEP as an area with family outcomes identified. In determining family involvement outcomes, the team should consider at least the following:

- Family strengths;
- Family needs for information; and
- The family's preference for receiving information.

The family involvement activities selected to address the outcomes should include, but not be limited to the following:

- Family contacts (e.g., home visits, consultation, telephone conferences);
- Linkage to other resources;
- Coordination of agency services;
- Provision of educational opportunities; and
- Provision of materials/literature.

GOAL 2

IEP

LEVEL: GENERAL

GOAL: **#2** Understand state and federal regulations in regard to the IEP.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand the theoretical constructs and spirit of the legislative mandates regarding the IEP.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Identify the components required in an IEP and discuss why each is important.	1. Transparencies (G-T7 and 8) **Supplemental Resources** Linder, Toni, W. 1983, *Early Childhood Special Education*	1. Use G-T7 to review mandatory elements and G-T8 to discuss optional components Discuss how these components can reflect sensitivity to diversity within the population (e.g., ability, cultural, racial, religious, gender, etc.)

IEP REQUIRED MAJOR COMPONENTS

1. A statement of the present levels of development/ functioning ...
2. A statement of annual goals ...
3. Including short-term objectives ...
4. A statement of the specific special education and all related services to be provided to the child ...
5. And the extent to which the child will be able to participate in regular education programs ...
6. The projected date for initiation ...
7. And anticipated duration of such services ...
8. Appropriate objective criteria, evaluation procedures, schedules for determining (at least annually) if achievement and placement are appropriate ...
9. Least Restrictive Environment.

OTHER COMPONENTS WHICH MAY BE INCLUDED IN IEP

1. Child's name and birthdate.
2. Area(s) of disability.
3. Educational placement.
4. Physical location of child's special education program and related services.
5. Names and titles of persons participating in the conference.
6. Date of conference in which IEP is developed.
7. Parent's waiver of his or her right to notification of placement by certified mail.
8. Parent's consent.

LEVEL: GENERAL

GOAL: **#2** Understand state and federal regulations in regard to the IEP.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will describe the need for the IEP and the process involved in its development.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Discuss IFSP in relation to the IEP.	**Supplemental Resources** P. Campbell, 1989. *Individual Family Service Plans: Process and Format* Kunesh, L. G., *A Historical Review of Early Intervention*, p. 30.	1. Highlight that for IFSP's, agencies, as well as, parents are included. Some children may not be eligible for 3-5 services even through they were eligible for 0-3. Discuss other services that may be available for three to five-year-old children who are "at-risk," but who do not meet the eligibility criteria for a disability area.

LEVEL: GENERAL

GOAL: **#2** Understand state and federal regulations in regard to the IEP.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will value the spirit of the IEP development process.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Discuss the process requirement for an IEP.	Transparencies: (G-T9, 10, and 11) *Process in Development* *Conference Tasks* *Additional Points*	1. For evaluation refer to IEP Evaluation Instrument by Pam Hunt in "Other Materials."

PROCESS IN DEVELOPMENT

1. Parents notified of IEP conference

   a. Purpose
   b. Time
   c. Location
   d. Who will attend?

2. Informed early enough to ensure an opportunity to attend.

   a. Scheduled at mutually agreed time and place.
   b. Conference by phone if parents cannot attend.
   c. Written oral communication in appropriate language level.

3. If IEP conference held without parents:

   a. Have on file signed waiver by parents.
   b. Documentation of at least two attempts (detailed).
   c. Must get parental consent before placement.
   d. Copy of IEP to parent.

G-T10

CONFERENCE TASKS

The major purpose of the conferfence is for school personnel and parents to develop the child's education program. **Rules for the Education of Handicapped Children** specify four tasks for the IEP conference participants:

1. Review the multifactored evaluation team report;
2. Determine the nature and degree of special education intervention needed, if any;
3. Develop an individualized education program for a child determined to be in need of special education in accordance with Rules; and
4. Determine educational placement in the least restrictive environment in accordance with the IEP.

Taken from: *National Information Center for Handicapped Children and Youth*, 1981, pg. 1.

ADDITIONAL POINTS

a. The IEP meeting serves as a communication vehicle between parents and school personnel, and enables them to jointly decide what the child's needs are, what services will be provided to meet those needs, and what the anticipated outcomes may be.

b. The IEP process provides an opportunity for resolving any differences between the parents and the school district concerning a child's special education needs; first, through the IEP meeting, and second, if necessary, through the procedural protections that are available to parents.

c. The IEP sets forth in writing a commitment of resources necessary to enable an eligible child to receive and appropriate education.

d. The IEP is a management tool that is used to ensure that each eligible child is provided special education and related services designed to accommodate individual learning needs.

e. The IEP is a compliance/monitoring document which may be used by authorized monitoring personnel from each documental level to determine whether an eligible child is actually receiving the free appropriate public education agreed to by the parents and the school.

f. The IEP serves as an evaluation device for use in determining the extent of the child's progress toward meeting the projected outcomes.

GOAL 3

IEP

LEVEL: GENERAL

GOAL: **#3** Recognize that the IEP is one component of a comprehensive service delivery system.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand aspects of program delivery which are not addressed by an IEP.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Discuss issues that are not directly dealt with in the IEP yet have a direct impact on the delivery of services for any child.	1. Flip Chart	1. Give a few examples to assist in generating a list. Examples: • Attitudinal Barriers • Conferencing • Social Development • Adequate Support for Regular Education 2. Ask participants to consider how diversity (e.g., ability, cultural, racial, religious, gender, etc.) might influence these issues. 3. Record on Transparency or Flip Chart.

LEVEL: GENERAL

GOAL: #3 Recognize that the IEP is one component of a comprehensive service delivery system.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will be able to identify the full range of services available to children with disabilities.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Discuss the full range of services available.	1. Flip Chart 2. Handout (G-H4) O.D.E. Division of Early Childhood Monograph No. 2.	1. Discuss highlights of Monograph No. 2. 2. Have participant generate a list of potential services that might be needed to appropriately serve preschoolers with disabilities.

Ohio Department of Education
Division of Early Childhood Education
Rules Implementation Monograph Series
Monograph No. 2
(Draft 3/91)

PROGRAM PLANNING IN EARLY CHILDHOOD SPECIAL EDUCATION

This monograph is designed to assist school personnel in the process of planning for comprehensive services to young children with disabilities. The school district's early childhood special education program will be influenced by a variety of factors including the number and needs of identified children with disabilities and their families, available resources, and community culture.

Program planning can be described as a continuing process, one in which both quantitative and qualitative data are used to make appropriate decisions. Effectiveness of planning depends upon many factors. Among the most crucial are thorough and accurate data about the needs and resources of the school district/community, and good communication between all those involved in the planning and establishing of early childhood special education programs.

This monograph addresses a number of issues that should be considered under the general category of Program Planning in Early Childhood Special Education. These issues should not, however, be interpreted as a comprehensive summary of all key aspects of local program planning. It is hoped that the information contained herein will alert the reader to some of the planning issues that have been identified as critical to the area of early childhood special education.

Estimation of Eligible Population

A first step in planning an early childhood special education program is to estimate the number of children who would be identified as eligible for the program. Using the eligibility criteria specified in Rule 3301-31-02 and discussed in Rules Implementation Monograph No. 3, approximately 5% of the population of children ages three through five within any given district would be expected to be eligible for special education. School district personnel can estimate their incidence rate using the number of kindergartners in the district. For example, if school district X has a kindergarten enrollment of 225, one could assume a comparable number of three-, four-, and five-year-olds reside in the district. Using the 5% incidence rate approximately 34 three-, four-, and five-year-olds would be identified as eligible for special education.

Assessment of School and Community Resources

Another major step is to assess school district and community resources. Planning for preschool special education programs and services should take place within the context of planning for early childhood programs in general. Integration of children with disabilities and typically developing children should be a primary goal in the planning of a comprehensive service delivery system. In addition, collaboration with other agencies that provide services to young children and their families is an integral part of a comprehensive early childhood special education program. Intra- and interagency collaboration should seek to maximize the efficiency of existing resources, and avoid unnecessary duplication. Following is a list of some of the programs and services that should be considered:

- Public Schools/County Boards of Mental Retardation and Developmental Disabilities Special Education Programs and Related Services
- Public School Preschool/Kindergarten/Child Care Programs (i.e., state preschool expansion grants, Chapter I, state funded kindergarten programs, latchkey/school-age child care)
- Vocational Education Programs (i.e., child care training, family life, GRADS, single parent homemaker)
- Community-Based Preschool/Kindergarten Programs (i.e., Head Start, private preschool and child care, university lab school and teacher training programs)
- Community Agencies (i.e., health, human services, mental health)

Design and Implementation of Alternative Service Delivery Options

A third step in planning an early childhood special education program is to design and implement alternative service delivery options to meet the varying needs of young children with disabilities and their families. These alternatives may be offered within a single school district, but most commonly will be offered within the framework of consortia and contractual arrangements between two or more school districts. The following are possible service delivery options (Rule 3301-31-03 (C)):

- Itinerant services which may be delivered in the home environment or to a child attending a preschool/kindergarten program administered by a public school or a child attending a community-based preschool/kindergarten or child-care program that meets the requirements of Chapter 5104 of the Revised Code and where a qualified preschool staff member is assigned to the child; and
- Special class located in an integrated or separate facility.

Figure 1 shows the range of itinerant and special class arrangements that are possible within this framework. As the figure suggests, parent involvement is presumed to be an inherent component of every preschool special education program. Possible activities relating to parent involvement include education, family support services, linkage with other resources, and transition planning. Rules Implementation Monograph No. 5 addresses the concept of parent involvement in more detail.

The determination of the most appropriate environment in which special education and related services should be delivered will be determined during the Individual Education Program (IEP) process. In addition to considering the needs of the child, IEP team members will also assess the needs of the family when determining the "least restrictive environment" in which special education and related services will be delivered. An inherent assumption within the traditional continuum of services for school-age programs is the concept of "least" to "most" restrictive placement, with the home setting identified as most restrictive. Within the paradigm of preschool service delivery, however, service delivery options are not envisioned as a continuum, but rather alternatives within which, for example, the home environment might be determined to be the least restrictive environment.

A more detailed discussion of IEP development for preschool-age children is included in Rules Implementation Monograph No. 4.

A summary of requirements relating to contact hours, caseloads, teacher certification, and adult/child ratios for both itinerant and special class services options is included in Table 1. Table 2 outlines some of the advantages and considerations of both itinerant and special class settings. Following is a discussion of the ways in which both arrangements may be provided:

Itinerant Services

Itinerant services are defined as services provided by preschool special education teachers or related services personnel which occur in the setting where the child or the child and parent(s) are located as opposed to providing services at a centralized location. The itinerant model includes two methods of service delivery:

- services delivered in the home environment;
- services delivered to children attending a preschool/kindergarten program for typically-developing children.

Home environment is defined as the residence of the child and the child's parent(s). In addition to providing itinerant services to children attending a public school preschool or kindergarten program, services may also be provided to children attending a licensed community-based preschool/kindergarten where a qualified staff member is assigned to the child. A qualified staff member is a person who holds one of the following:

- A valid prekindergarten teaching certificate;
- A valid kindergarten-primary certificate and has completed at least four courses in child development in early childhood education from an accredited college, university, or technical college;
- A bachelor's degree in child development or early childhood education earned from an accredited college or university with a minimum of 30 quarter or 20 semester hours in child development/preschool program planning and methods including a supervised practicum with preschool children;
- A valid teaching certificate in cases where the person is employed in a preschool program operated by an eligible, nontaxsupported, nonpublic school;
- A valid prekindergarten associate certificate; or
- A child development associate certificate issued in accordance with National Association for the Education of Young Children standards until July 1, 1993, at which time one of the above requirements must be met.

School district personnel should consider issues relating to program quality when determining whether itinerant services will be provided to a preschool child with a disability who is enrolled in a program that serves typically developing children. Recognized methods of assessing program quality include the National Association for the Education of Young Children accreditation process, and the Early Childhood Special Education Program Evaluation (EC-SPEED) process developed through the Ohio Preschool Special Education

Service Delivery Project funded by the Ohio Department of Education, Division of Early Childhood Education.

Within the itinerant services model, special education personnel provide direct instruction to the child with the intensity and duration as outlined in the child's IEP. Additionally, the special education staff may consult with the primary care provider on how that person can facilitate the child's development. This form of "adult to adult" or "teacher to teacher" communication or consultation can occur in many forms such as demonstration, modeling, or monitoring the child's education program. Itinerant programs must be designed to meet the needs of the child; therefore, the frequency of contacts will vary for each child in order to achieve the IEP objectives. However, a minimum of four hours of services per month shall be provided for each child receiving itinerant services unless otherwise specified on the IEP.

Center-based Services

Center-based services are defined as classroom programs that provide group educational experiences to children of similar ages or developmental levels on a regularly scheduled basis and in a central location. The center-based model includes several possible methods of service delivery:

- *Shared classroom.* In this arrangement one class for children with disabilities and one class for typically developing children share the same classroom space. Teachers "team plan and teach."

- *Enrollment of Typical Peers.* In this arrangement up to six age-eligible typically developing children are enrolled in a special class for the purpose of establishing an integrated class setting.

- *Mainstreaming.* In this arrangement children with disabilities are enrolled in a special class, and also participate in planned activities that take place within preschool programs for typically developing children.

- *Reverse Mainstreaming.* In this arrangement children who are enrolled in programs for typically developing children participate in some of the activities that take place within the special class setting.

- *Separate Class.* In this arrangement children with disabilities are enrolled in a special class with no planned interaction with typically developing, age-mate children. In this case the nature and degree of disability that necessitates separate class placement must be well documented.

  (NOTE: In addition to the preschool special class teacher, at least one responsible individual shall be present at all times when seven or more children are in attendance in a special class setting.)

A minimum of 10 hours of services per week shall be provided for each child receiving special class services, unless otherwise specified on the child's IEP. This level of service should meet the special education needs of most children with disabilities. It may not, however, be sufficient to meet the child-care needs that many families face. It will be important, therefore, for school personnel to coordinate school resources and communicate with community resources regarding additional preschool and child care that may be necessary.

Establishment of Transition Procedures

Transition is defined as points of change in services and in the personnel who coordinate and/or provide services. The effective transition of young children and their families between and within service delivery systems will require careful planning on the part of school personnel, and those who represent other service providing agencies within the broader early childhood and early intervention arena.

The following is a list of activities that should be conducted in response to transition concerns:

- Development of interagency agreements to clarify transition options;
- Development of forms and procedures for sharing pertinent information among agency personnel and parents;
- Transfer of personally identifiable information prior to the age at which children may be eligible for preschool or school-age services
- Provision of information for parents regading service options; and
- Provision of an individual planning conference and/or written transition plan for each child and family.

Transition to preschool at age three, from early intervention services provided at age two under Part H of P.L. 99-457, is a major point of transition that will need to be carefully addressed in the process of program planning. Children with disabilities are eligible for a free and appropriate public education beginning at age three. Although children and their families, of course, are not required to receive services at this time (i.e., compulsory school-age remains at age six), they cannot be denied the provision of these services upon the child's third birthday.

In order to plan for a smooth transition to preschool services, it is recommended that, in cases of a suspected disability, early intervention service providers initiate a referral to public school officials at least 120 days before the child's third birthday. In accordance with established due process policies and procedures, this timeline will ensure that all activities necessary prior to the provision of preschool special education services will have been completed prior to the child's third birthday. As part of the IFSP (Individual Family Service Plan) process, early intervention service providers will address transition issues relating to the steps to be taken to support the transition of a child, upon reaching age three, to preschool special education services to the extent that those services are considered appropriate, or to other services that may be available.

Transition from preschool to school-age programs is a second major point of transition. For most children with disabilities, this movement encompasses moving from a noncategorical and integrated preschool special education program to an educationally categorical school-age special education program. Transitions between programs can be abrupt changes in instruction, related services, teaching styles, and staffing patterns, or they can be a smooth sequence of events leading to comfortable changes for the child and family.

Planning and communication are the key factors for successful transitions. Transition is a procedure, with a sequence of steps to be followed to completion. Each transition is also a two-way communication system between the sending and receiving programs and between families and professionals. Parents collaborate with the program staff to determine appropriate educational services and placements for their children. The receiving program staff should be included in planning for the upcoming transition when appropriate.

As children begin their final year in early childhood special education, thought should be given to the future needs. An individual transition plan should be developed to determine information needed to determine eligibility and placement in categorical special education programs. Children enrolled in early childhood special education programs shall be reevaluated in the needed areas of functioning and this information shall be considered when determining eligibility for future services. For some children, special education services may not be necessary, others will continue to require special education services.

The results of successful transition include the placement of children in environments that meet their education needs, as well as feelings of well-being on the part of all participants in the process. Too often results are jeopardized by a lack of knowledge of all issues and concerns on the part of the transition planning participants. Open communication helps alleviate these concerns.

Provision of Safe and Efficient Transportation

The transportation of young children poses unique considerations and challenges. Following are guidelines that are intended to reduce and prevent, to the greatest extent possible, injury to children and to ensure uniform, economical, and efficient transportation for preschool children with disabilities.

I. Each school district or transportation cooperative should have a comprehensive written plan detailing procedures for transporting preschool children, with disabilities, including at least the following:

- IEP development and management
- reimbursement of transportation costs to parents or guardians
- length of ride
- pick-up and drop-off procedures
- disciplinary action
- safety considerations
- vehicle choice
- assistive devices
- first aid training
- emergency evacuation drills
- personnel training

II. A person should be designated as transportation coordinator to develop and manage a specifically designed written transportation system plan for children with disabilities, including ongoing periodic review of the system at least annually (refer to Item #1).

III. An appropriately trained aide should be on all buses transporting children with disabilities that require additional intervention assistance, such as medical emergencies, behavioral outbursts, medically fragile, etc.

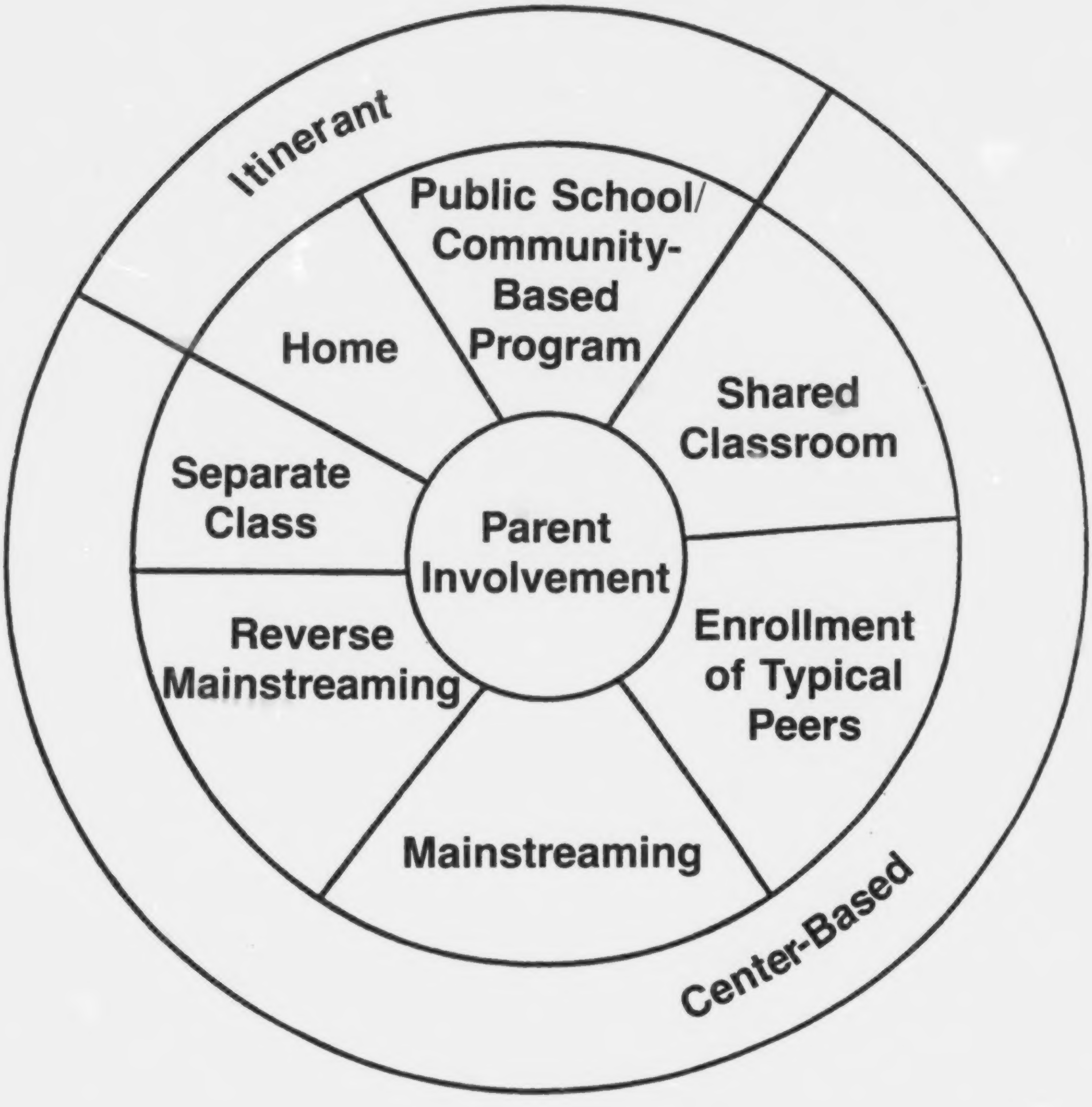
IV. Transportation as a related service should be addressed as part of the IEP process with direct input from the transportation coordinator or appropriate designee.

V. The maximum amount of travel time for a preschool child with a disability should not exceed one hour each way.

VI. In-service training should be required for all drivers and aides on issues and procedures relating to the efficient and safe transportation of young children.

Figure 1

ALTERNATIVE SERVICE DELIVERY OPTIONS


Itinerant
Public School/ Community-Based Program
Home
Shared Classroom
Separate Class
Parent Involvement
Reverse Mainstreaming
Enrollment of Typical Peers
Mainstreaming
Center-Based

100

	Itinerant	Center-Based	Comb.
Minimum Contact	4 hrs./mo.	10 hrs./wk.	4 hrs./mo. (Itin.) 10 hrs./wk. (Ctr.)
Caseload	10-20	6-8 (6 typical peers)	6-8
Caseload for 1 FTE	10-20	12-16 (half-day) 6-8 (full-day)	12-16
Certification	EEHV, VI, HI (4/10 CEU)		
Adult/Child Ratio	1:1	1:6	1:1 (Itin.) 1:6 (Ctr.)

G-H4
Table 2

ADVANTAGES AND CONSIDERATIONS ITINERANT AND CENTER-BASED SETTINGS

Advantages	Considerations
CENTER-BASED SERVICES	
1. Provides children with opportunities to learn important "school" skills.	1. Transportation may be costly or unavailable.
2. Provides the older preschooler with opportunities to socially interact with his/her peers.	2. This program may be a "restrictive" setting if only children with disabilities are served.
3. It may be easier to provide a wide range of services or more intensive services.	3. Generalization of skills learned needs to be planned for.
4. Children have a chance to learn to interact with adults other than their parents.	4. If the program is primarily "special class-based;" knowledge and involvement in the other less restrictive settings in which the child participates may be weak. Consequently, the skills taught may not be functional for the child; or if they are, do not generalize.
ITINERANT SERVICES	
Home	
1. The home exists as a critical, least restrictive environment in which "Functional" skills can be readily taught.	1. Generally, the child's parents are also his/her teachers. Information and training may be needed (e.g., through presentation modeling, practice and feedback) in order for the family to carry out educational programs.
2. Learned skills will more likely generalize and be maintained if taught in the home (by family members).	2. There may be stressful events occurring in the child's home that preclude incorporating educational programs into this setting. The provision of information and support services instead of consultative services may be the most viable approach.
3. For rural and resource-poor areas, the home setting exists as the primary (and only) critical setting during the early childhood years.	3. Visitation schedules in home-based programs depend upon the intensity of services needed by the child and family. A minimum of four hours visitation per month should be scheduled. If children are home all of the time, they may not receive the socialization experience needed as they grow older and prepare for entrance into kindergarten.

G-H4
Table 2

Preschool/Kindergarten settings

1. Providing services at these sites, will potentially carry all of the advantages listed for the home and special class sites.	1. The "staff members" in these settings may have limited time or skills to provide appropriate interventions. They may need appropriate interventions. They may need appropriate resources and consultation to intervene correctly.
2. Preschool/kindergarten programs provide "least restrictive" models of appropriate early education services and the critical skills needed to participate in these settings.	2. Information and training may be necessary for children to be "accepted" by peers and their families.
3. Children may more likely be accepted by the broader community if they are in a "typical" setting.	3. The child's family may need to be "prepared" for their child's placement in this setting.
4. There are potential benefits for the typical children and their parents.	

LEVEL: GENERAL

GOAL: **#3** Recognize that the IEP is one component of a comprehensive service delivery system.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will value the mandates as assurances that services are available to all children with disabilities.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Discuss special education services prior to I.D.E.A. Discuss why the IEP was mandated.	**Supplemental Resources** Turnbull & Turnbull: *Families, Professionals, and Exceptionality: A Special Partnership.*	1. If possible, cite cases of litigation that contributed to this mandate.

GOAL 4

IEP

LEVEL: GENERAL

GOAL: **#4** Recognize the importance of an integrated IEP.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand the difference between the integrated IEP and one that is not integrated.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity List characteristics of an integrated IEP.	1. Transparency (G-T12) *Definition of Integrated IEP*	1. Show participants Transparency and discuss definition. Have participants break up into small groups to identify characteristics of an integrated IEP. Example a. No isolated therapy objectives. b. Therapy concerns are addressed within the context of developmentally appropriate play activities which may affect the condition specified on the objective Leader's Notes.
2. Large group activity Discuss results of small group activity		2. Have participants discuss their list in the large group setting. Encourage them to identify how diversity issues might influence this aspect of IEP development (e.g., diversity in home environment).
	Supplemental Resources Sample IEP forms *Resources for teaching children with special needs*. Penny Low Deiner. (1983).	

DEFINITION OF INTEGRATED IEP

An ***Integrated IEP*** is one in which all objectives, including those defined for related service therapies (e.g., speech/language therapy, physical therapy, etc.) are written within the context of educational domains (e.g., communication, sensorimotor, cognitive, etc.).

Objectives reflect not only the child's needs in specific developmental areas but also the "whole" child in relationship to his or her environments.

LEVEL: GENERAL

GOAL: **#4** Recognize the importance of an integrated IEP.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will identify specific disabilities and discuss necessary adapations and supports for each.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Identify specific disabilities; have groups decide adaptions and support services needed for each.	1. Flip Chart	1. Record large group discussions on Flip Chart or blank Transparency.
2. Large group activity Discuss results of small group discussions with large group.		

LEVEL: GENERAL

GOAL: #4 Recognize the importance of an integrated IEP.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will value IEP development across disciplines.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss the advantages of an IEP developed across disciplines within the context of curricular domains.	**Supplemental Resources:** Family Ties Module G Entire module may be used	1. Highlight how this type of an approach can be responsive to diversity (e.g., ability, cultural, racial, religious, gender, etc.)

IEP

GOAL 5

LEVEL: GENERAL

GOAL: #5 Understand various IEP formats appropriate for young children.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will discuss unique features of an IEP for preschool children.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Unique features of IEP for young children.	1. Flip Chart	1. Have participants identify unique features of an IEP and the IEP Process for preschool children. Examples: – Stating "developmental levels" instead of "educational performance." – Writing goals and objectives that are "developmentally appropriate." – Writing objectives that match state defined developmental domains (e.g., cognitive, motor, aesthetic, etc.) Record responses on Flip Chart or blank Transparency.

LEVEL: GENERAL

GOAL: **#5** Understand various IEP formats appropriate for young children.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will understand how information from various sources is integrated into the IEP for preschool children.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity In groups discuss vignettes. Write present level of educational performance.	1. Handouts (G-H5 and 6) *Vignettes*	1. Remind participants that goals and objectives need to be developmentally appropriate and funtional.
2. Large group activity Write criteria and evaluation statements.	2. Flip Chart	2. Remind participants that criteria and evaluation may need to include number of verbal prompts and number of situations. Write responses on a Flip Chart or blank Transparency for activities two and three.
3. Discuss program options.	3. Flip Chart.	
4. Discuss destruction of records.	4. Handouts (G-H7 and 8) *Sample Notification of intent to destroy records.*	

Steve is a preschool child with a documented deficit disability in motor functioning. He was born with Spina Bifida and uses crutches to move around in his environment. He is currently enrolled in a preschool program in the community with physical therapy services given to him once a week. He is learning to catheterize himself but sometimes has problems with his toileting needs. He is four years old and will be entering his neighborhood public school in the kindergarten class next September. His mother is very concerned about the stairs in the building and Steve's ability to maneuver around in this elementary building which has stairs everywhere the children must go. Steve's mother is also concerned about his toileting needs and the way other children will interact with him because of the crutches. Developmentally Steve is displaying developmentally-appropriate skills in all areas except gross motor skills.

Who will address mother's concerns for Steve's entrance into school?

How will the school assist Steve in determining how he can maneuver around the elementary building? Can an ecological assessment be done to determine routes for him to use to go to different places?

Can the physical therapist do part of her therapy in the new building with Steve prior to entrance next year?

Who will explain Steve's needs to the other staff members and the children in the kindergarten or school building?

Will an attendant be hired to serve Steve? How will that service be determined and addressed on an IEP?

Ted is a preschool child who has some interfering behaviors. His mother did not take him to kindergarten screening when he was four because she was aware that his communication skills were not developed to the same extent as other four year olds. She did feel that he needed speech therapy and he was enrolled in the local preschool program for children with disabilities. Ted is able to "read" second grade level reading materials but not able to answer questions relating to the material or able to answer "wh" questions relating to his immediate environment. His articulation skills are poor and he mumbles when he speaks. He plays alone or with his mother at home and demonstrates parallel play at his preschool. He does not ask for items or to use the bathroom but takes care of his own needs or does without.

His preschool program has developed strategies to work with Ted and knows what questions he can answer or cannot answer. Ted's articulation skills have improved and he is intelligible 60% of the time within structured situations. The preschool program has written an IEP for Ted which will allow speech therapy services in the kindergarten class. Ted's mother has a copy of this IEP to present to the school when Ted enters kindergarten in the fall.

Ted's mother presents the IEP in the fall to the school district principal who says that the IEP is not valid and that kindergarten children do not receive speech therapy or any other special education services. Ted's teacher becomes frustrated with Ted because he reads all her materials from across the table as she tries to instruct Ted's small group for math. Ted also answers all her questions with "yes." After two weeks the teacher talks to the principal and requests a multifactored evaluation.

This scenario represents what can happen when transition planning does not take place. The scenario can go on and on with more frustration added on everyone's part and lack of services for Ted. A different scenario of the same child is presented below with transition planning occurring between the preschool program and the school-age program.

Once Ted is enrolled in the preschool program, then a memo/roster sheet/copy of an IEP is sent to the building principal and superintendent of the district of residence. This allows administrators to know what children are involved in preschool programming or could be an Individual Planning Conference per *Rules*. A transition plan is written on Ted's IEP which allows principal, kindergarten teacher, and special education staff to meet with preschool personnel and parents to discuss Ted's needs when he enters kindergarten. Services and instructional strategies are discussed according to what is happening in the preschool program and what is being recommended for Ted in the kindergarten class. The district representative is invited to the spring IEP conference so that services are delivered to Ted as soon as possible when he comes to kindergarten. Staff have a better understanding of Ted's needs and how to better work with Ted because of the strategies and insights relayed to them from the preschool staff.

SAMPLE
NOTIFICATION OF INTENT TO DESTROY RECORDS

____________________ Center

Dear Parent:

State Regulations allow schools to destroy personally identifiable data after the data are no longer needed to provide an educational program service for students. In accordance with these Regulations, we intend to destroy such data concerning your child ________________

____________________ on ____________________ ,
with the exception of the following data:

____

____

____

____

____

You have the right to obtain a copy of data in the record prior to its destruction. If you wish to exercise this right, inform the school in writing to ____________________ ,

____________________ , at ____________________ not later than

____________________ Positive Education Program records will be provided at the cost of duplication. Current cost may be obtained from the Administrative Assistant in PEP's Central Office.

Sincerely yours,

M. Lee Maxwell, Ph.D.
Associate Director
Chief Psychologist
Positive Education Program

The Positive Education Program is a service agency of the Cuyahoga Community Mental Health Board and operates under the auspices of the Cuyahoga County Board of Education.

DESTRUCTION OF PERSONALLY IDENTIFIABLE DATA

The agency will inform the parents/guardians when personally identifiable information is no longer needed to provide educational services to the child. Prior to the destruction of data, reasonable effort shall be made by the agency to inform the parent of the agency's intent, so that parents/guardians may request copies prior to destruction.

The agency may retain personally identifiable data permanently unless the parents/guardians request that it be destroyed. The agency will remind parents upon such a request that the records may be needed by them or the child for Social Security benefits or other purposes.

Information shall be destroyed at the request of the parent/guardian, except a permanent record may be maintained without time limitation of the following information:

a. Student's name, address, and phone number
b. Attendance record
c. Child's grades and classes attended
d. Child's grade level and year completed

LEVEL: GENERAL

GOAL: #5 Understand various IEP formats appropriate for young children.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will value the IEP and its importance in delivering services to preschool children.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Discuss the inclusion of agencies in working with preschool children and their value.	1. Flip Chart	1. List on a chart all agencies that may be involved. Wrap up session with brief summation of training module, what we know etc.
2. Discuss referral procedures for preschool children.	2. Handout (G-H9) *O.D.E. Division of Early Childhood Monograph No. 3*	2. Review key points.
3. Posttest IEP's.	3. Handout (G-H10) *Posttest IEP*	3. Have participants complete the Posttest and compare their answers to their responses on the Pretest.

Ohio Department of Education
Division of Early Childhood Education
Rules Implementation Monograph Series
MONOGRAPH NO. 3
(Draft 3/15/91)

DETERMINING ELIGIBILITY FOR EARLY CHILDHOOD SPECIAL EDUCATION

Overview

Prior to planning the multifactored evaluation (MFE) process for young children, professionals need to agree that their philosophy of evaluation of this population reflects their understanding that three- through five-year-old children display characteristics unique to their age group; that the validity and reliability of data obtained through any method is limited; that the purpose of evaluation is to accumulate information to make decisions about whether or not a child is eligible as a preschool child with a disability not to make judgements about the child and his/her future; and that the data acquired will be used to determine program options for both eligible and ineligible children.

The evaluation process to determine eligibility as a preschool child with a disability (described later in this monograph) requires using four methods to support the existence of a deficit as well as a comprehensive assessment of current levels of functioning in a variety of areas and across several domains. Because the MFE process is lengthy and time-consuming, the evaluation plan must take into account the characteristics of children in this age group.

Characteristics of Young Children

Compliance: Familiar and comfortable surroundings yield positive results with most preschoolers. It may be necessary to do some of the required tasks in the child's home or in an environment with which the child is familiar and/or to enlist support of a family member to get the cooperation of the child. On the other hand, for some children a familiar environment may signal playtime and make it a difficult environment in which to test, but a good environment in which to make an observation.

Generally speaking, young children do not have much experience responding to highly structured and demanding situations. They may not have had much experience sitting for long periods of time and complying with adult demands. To facilitate compliance in the evaluation situation, it may be necessary to give verbal cues along with physical prompts.

Attention: Tasks and activities that require long periods of attention may need to be broken down and administered over several trials. Children attend longer to tasks that they enjoy than those they find difficult or uninteresting. (Much like adults!)

Endurance: Timing of the evaluation is important. It would be good practice to ask parents about the child's daily eating and sleeping patterns and to schedule the evaluation times based on good times of the day for the child.

Children who are ill or recovering from illness will have less endurance than healthy children. Rescheduling the evaluation should be considered in these cases.

Distributing tasks and activities over time may produce more reliable results than trying to accomplish too much in one setting. Tired and/or hungry/thirsty children tend to be difficult to manage. Cutting the session short for the tired or hungry child may also lengthen the professional life of the evaluator.

Limited language: Preschool children verbalize less than older children. They verbalize less around strangers than family and friends. Because of their egocentric nature, preschoolers believe that adults know what they are thinking. Their lack of experience in the social world along the limited language skills and preoperational egocentrism make judging factors that require verbal responses difficult at best.

In summary, the multifactored, multidisciplinary evaluation process by definition means that the child will be exposed to several different professionals, who are likely to be strangers, and to a variety of tasks, some of which the child may not want to do. Given the nature of the testing situation and the characteristics of the young child, the results obtained on the multifactored evaluation are more likely to underestimate rather than overestimate the child's actual abilities.

Instrument Selection Guidelines

Because young children in assessment situations present special challenges for professionals, it is especially important to select tests and methods that have the highest probability of differentiating between children who have disabilities and those who do not. In addition to considering the characteristics of preschool children, there are both validity and reliability issues that need to be considered as tests and other evaluation methods are being selected.

Validity: Validity of the degree to which instruments measure what they are intended to measure, because they are designed to be valid for a specific purpose and for a particular group. There are four major aspects of validity to be considered in instrument selection: Content, concurrent, predictive, and construct.

Content: The degree to which an instrument measures an intended content area. It is determined by expert judgement and requires both item and sampling validity.

Concurrent: The degree to which scores on an instrument are related to the scores on another, already established instrument administered at the same time, or to some other valid criterion available at the same time.

*Predictive: The degree to which an instrument is able to predict how well the individual will do in the future.

Construct: The degree to which an instrument measures an intended hypothetical construct, or a nonobservable trait, which explains behavior.

Reliability: Reliability is the degree to which an instrument consistently measures what it purports to measure. There are three kinds of reliability: interrater, split-half, and test-retest.

Interrater: The consistency of two or more independent scores, raters, or observers.

Split-half: A type of reliability that is based on internal consistency of a test and is estimated by dividing a test into two equivalent halves and correlating scores obtained from each half.

*Test-retest: The degree of which the scores on an instrument are consistent or stable over time.

Standardization is the process used to develop norms for specific populations. The process includes obtaining validity and reliability information for the instrument.

Standardized tests are typically developed by experts and are therefore well constructed. Because of the standardization procedures, the resulting characteristic is test objectivity. A standardized test will have both validity and reliability data, as well as procedures for administering the test and scoring the results. However, there are validity and reliability issues associated with using standardized tests with young children which need to be considered when interpreting the results.

Predictive validity and test-retest reliability of standardized results obtained on preschool children are both suspect due to the characteristics typical of children in this age group. With this in mind, it is critical for professionals to use a variety of methods as well as extreme caution when interpreting the data.

Multicultural Reference Groups

"The six-hour retarded child" is a concept that has been applied to those children and youth who cope well in their daily lives yet perform poorly in the school setting and on standardized measures of intelligence and achievement (Mercer, 1972). These children and youth are typically members of minority populations, are members of families with low socioeconomic status and/or previous residents of countries other than the U.S.

The majority of commercially produced instruments have been standardized on samples of children who comprise the dominant culture of our society, i.e., white and middle class. Children's performance on these measures does not so much reflect a tapping of their abilities as an assessment of their exposure to the attitudes and values of the American middle class.

According to the *Rules for the Education of Preschool Children with Disabilities Served by Public Schools & County Boards of Mental Retardation & Developmental Disabilities.*

> Each school district shall develop and implement written procedures to insure that any evaluation conducted with children who are suspected of being handicapped include:
>
> > An evaluation designed to insure that children are not labeled as being handicapped because of inappropriate selection, administration, or interpretation of evaluation materials.

This requirement poses a dilemma for those engaged in the assessment of children with suspected/identified disabilities. On the one hand, assessment activities are intended to identify those children who will not experience success in the educational setting *without* the provision of special education services. Since that setting reflects dominant culture values and belief systems, children with cultural differences are at risk and often mislabeled as having disabilities. This outcome represents inappropriate selection and interpretation.

On the other hand, there are few instruments available which publish nomative data on subgroups of the sample population. Assessment personnel are therefore obligated to apply their clinical training to the interpretation of the scores derived from a child's performance. This requires knowledge of and respect for the values and experiences of children and families who are not part of the mainstream culture.

Best practice philosophy would make it incumbent upon assessment personnel to continuously examine the instruments selected, to understand the parameters of standardization and the appropriateness of "testing of the limits" techniques and to insure that cultural differences do not become the basis for the diagnosis of a disability. Translating a test into a child's native language assumes that children from all cultures learn the same information and concepts at the same time, a faulty assumption. Alternative methods must be employed in such cases which is why a multidimensional comprehensive process for preschool identification that will insure the synthesis of information gained from multiple sources.

> "When you starts measuring somebody, measure him right, child, measure him right. Make sure you done taken into account what hills and valleys he come through before he got to wherever he is." From Loraine Hansberry's Raisin in the Sun.

Process Steps for Differentiated Referral for Early Childhood Programs: Pre-referral Steps when a Request for an MFE has not been signed

The following steps have been excerpted from *The Early Childhood Identification Process: A Manual for Screening and Assessment* which is provided in Monograph No. 8. Before implementing screening and assessment, it is recommended that this manual be read. If a disability is suspected, obtain parental consent in writing for the assessment.

STEP 1: Screen using a combination of strategies.

a. Rule out hearing, vision, environmental, or cultural factors.

b. Conduct a preliminary structured observation in a "normal" setting for the child; e.g., home, preschool, etc. For further information about structured observation, see Monograph No. 9.

Focus a portion of the observation on the area of suspected disability.

Observe listening ability, general cognitive and sensorimotor skills, and social-emotional and adaptive behaviors.

Should be conducted by someone familiar with the suspected area of disability.

c. Gather developmental history and conduct (a) structured interview(s) with persons familiar with the child: Parent(s), teacher, primary caregiver. For further information about structured interviews, see Monograph No. 9.

d. Use formal screening instrument(s). See *Early Childhood Screening and Assessment: Annotated Lists of Screening and Assessment Instrument* pp. 1-8.

STEP 2: Follow-up screening

a. Present the information to the team and determine if the child may have special learning needs. Remember that when formal screening identifies positive results, it only *suggests* the possibility that a special learning need may exist. Children should *never* be identified as handicapped or in need of specialized interventions on the basis of screening results alone (Boehm & Sandberg, 1982; Meisels, 1985).

b. Consider the differentiated referral process: Head Start or public school preschool programs.

c. Consider if the multifactored evaluation is appropriate and identify any other areas of suspected disability based on the observation and the interview.

d. If an MFE is appropriate, obtain parent consent.

Process Steps for Determining Eligibility for Special Education: Request for an MFE has been signed

COMMUNICATION

COMPLETE STEPS 1a, 1b, and 1c IF THEY HAVE NOT BEEN DONE.

1a. Rule out hearing, vision, and cultural factors.

1b. Complete a structured observation.

1c. Conduct a structured interview.

STEP 2: Assess language functioning.

Select an appropriate standardized instrument which assesses form, content, or use of language. Test selection should be based on the suspected area of disability, e.g., If receptive or expressive language deficits are suspected, select an instrument that will measure those areas.

(See *Early Childhood Screening and Assessment: Annotated Lists of Screening and Assessment Instruments* pp. 14-20).

Should be conducted by a speech/language therapist.

Consider the results of subtest scores as well as overall score.

Overall or subtest score must be at least −2 standard deviations (s.d.) if this is the only area of suspected deficit.

Must be at least −1.5 s.d. if there is another area of suspected deficit.

STEP 3a: If subtest or overall score is at least −2 s.d., consider the best time for the child and family to complete the MFE.

STEP 3b: If results are at least −1.5 s.d. and there is another area of suspected disability.

Notify the specialist who will conduct the (standardized) assessment in the other area.

Determine the best time for the child and family to complete the MFE.

STEP 4: Conduct another structured observation, if the results of the standardized testing suggests that this may be a child with a disability (−2 s.d. in one area, or −1.5 s.d. in two areas), confirm or reject the data obtained from the standardized test(s).

Conduct another in-depth observation of the target behavior(s) in an environment that is appropriate and comfortable for the child (home, preschool class, play area, etc.). For further information about structured observations, see Monograph No. 9.

Again, someone with knowledge about the area of suspected disability should be involved.

Parents and other team members may wish to team this observation under appropriate conditions (from an observation room or where the team members can observe unobtrusively).

If a team approach is used, compare results and consider interrater reliability, i.e., Do all team members have the same perceptions about the target behavior? Are the data obtained in the observation consistent across raters?

Obtain consensus about the meaning of the observational data.

STEP 5: Administer a criterion-referenced/curriculum-based multiskills assessment instrument.

Select an instrument that addresses communication and any other area of suspected disability as well as the other areas specified in Rule 3301-31-02(C)(2)(a) to (i) in order to obtain a complete assessment profile of the child's current functioning levels.

(See *Early Childhood Screening and Assessment: Annotated Lists of Screening and Assessment Instruments* pp. 32-33).

This information will be documented on the ETR and used to determine entry points into the curriculum.

STEP 6: Meet with the team and complete the ETR (See sample ETR).

Review all data:

Do all data support that the scores obtained on the standardized tests are reflective of the child's real abilities in the areas of the suspected disabilities?

Determine eligibility.

Plan the IEP meeting date and time.

Notify parents and all necessary parties of the IEP meeting.

STEP 7: Hold the IEP meeting.

Review ETR.

Determine nature and degree of special education intervention needed, if any.

If the child is not eligible, consider options available within the system (public school preschool, one of six typically developing peers in a special education center-based program with up to six preschool children with disabilities) or in the community (Head Start, JVS program). Refer parents to appropriate program directors.

Develop an IEP for a child determined to be in need of special education.

Determine educational placement in the least restrictive environment.

Eligibility for Special Education
COGNITIVE AND ONE OTHER AREA

COMPLETE STEPS 1a, 1b, and 1c IF THEY HAVE NOT BEEN DONE.

1a. Rule out hearing, vision, and cultural factors.

1b. Complete a structured observation.

1c. Conduct a structured interview.

STEP 2: Assess cognitive functioning through a standardized intelligence test.

Select an appropriate standardized instrument. (See *Early Childhood Screening and Assessment: Annotated Lists of Screening and Assessment Instruments* pp. 9-13).

Must be conducted by a person qualified to administer the test.

Overall score must be at least −1.5 standard deviations (s.d.).

Notify the specialist who will conduct the (standardized) assessment in the other area.

Determine the best time for the child and family to complete the MFE.

STEP 3: Assess the second area of suspected disability using a standardized, norm-referenced instrument.

STEP 4: Conduct another structured observation if the results of both standardized testing suggest that this may be a child with a disability, i.e., results of both tests are at least −1.5 s.d., and confirm or reject the data obtained from the standardized test(s).

Conduct another in-depth observation of the target behavior(s) in an environment that is appropriate and comfortable for the child (home, preschool class, play area, etc.). For further information about structured observations, see Monograph No. 9.

Again, someone with knowledge about the areas of suspected disability should be involved.

Parents and other team members may wish to team this observation under appropriate conditions (from an observation room or where the team members can observe unobtrusively).

If a team approach is used, compare results and consider interrater reliability, i.e., Do all team members have the same perceptions about the target behaviors? Are the data obtained in the observation consistent across raters?

Obtain consensus about the meaning of the observational data.

STEP 5: Administer a criterion-referenced/curriculum-based multiskills assessment instrument.

Select an instrument that addresses communication and any other area of suspected disability as well as the other areas specified in Rule 3301-31-02(C)(2)(a) to (i) in order to obtain a complete assessment profile of the child's current functioning levels.

(See *Early Childhood Screening and Assessment: Annotated Lists of Screening and Assessment Instruments* pp. 32-33).

This information will be documented on the ETR and used to determine entry points into the curriculum.

STEP 6: Meet with the team and complete the ETR (See sample ETR).

Review all data:

Do all data support that the scores obtained on the standardized tests are reflective of the child's real abilities in the areas of the suspected disabilities?

Determine eligibility.

Plan the IEP meeting date and time.

Notify parents and all necessary parties of the IEP meeting.

STEP 7: Hold the IEP meeting.

Review ETR.

Determine nature and degree of special education intervention needed, if any.

If the child is not eligible, consider options available within the system (public school preschool, one of six typically developing peers in a special education center-based program with up to six preschool children with disabilities) or in the community (Head Start, JVS program). Refer parents to appropriate program directors.

Develop an IEP for a child determined to be in need of special education.

Determine educational placement in the least restrictive environment.

Eligibility for Special Education
HEARING

COMPLETE STEPS 1a, 1b, and 1c IF THEY HAVE NOT BEEN DONE.

1a. Rule out hearing and cultural factors.

1b. Complete structured observation.

1c. Conduct structured interview.

STEP 2: Complete assessments to determine if one of the following is the case. Does the child have:

An average pure tone hearing loss of fifty decibels or greater, according to the "American National Standards Institutes" (ANSI) — 1969, for the frequencies 500, 1000, and 2000 hertz in the better ear?

An average pure tone hearing loss of 25 decibles or greater (ANSI) for the frequencies 500, 1000, and 2000 hertz in the better ear, which has an adverse effect upon normal development and functioning related to documented evidence of:

A more severe hearing loss during the developmental years than is currently measured?

A history of chronic medical problems that have resulted in fluctuating hearing, presently or in the past? or

A delay in diagnosis, provision of amplification, and/or initiation of special programming? or

A hearing loss in excess of 25 decibels (ANSI) for the frequencies 1000 hertz through 8000 hertz in the better ear, resulting in such poor auditory discrimination that it has an adverse effect upon normal development and functioning.

STEP 3: Conduct another structured observation if the results of the testing in Step 3 suggest that this may be a child with a disability.

Conduct an in-depth observation of the target behavior(s) in an environment that is appropriate and comfortable for the child (home, preschool class, play area, etc.). For further information about structured observations, see Monograph No. 9.

Again, someone with knowledge about the area of suspected disability should be involved.

Parents and other team members may wish to team this observation under appropriate conditions (from an observation room or where the team members can observe unobtrusively).

STEP 4: Administer a criterion-referenced/curriculum-based multiskills assessment instrument.

Select an instrument that addresses communication and any other area of suspected disability as well as the other areas specified in Rule 3301-31-02(C)(2)(a) to (i) in order to obtain a complete assessment profile of the child's current functioning levels.

(See *Early Childhood Screening and Assessment: Annotated Lists of Screening and Assessment Instruments* pp. 32-33).

This information will be documented on the ETR and used to determine entry points into the curriculum.

STEP 5: Meet with the team and complete the ETR (See sample ETR).

Review all data:

Do all data support that the scores obtained on the standardized tests are reflective of the child's real abilities in the areas of the suspected disabilities?

Determine eligibility.

Plan the IEP meeting date and time.

Notify parents and all necessary parties of the IEP meeting.

STEP 6: Hold the IEP meeting.

Review ETR.

Determine nature and degree of special education intervention needed, if any.

If the child is not eligible, consider options available within the system (public school preschool, one of six typically developing peers in a special education center-based program with up to six preschool children with disabilities) or in the community (Head Start, JVS program). Refer parents to appropriate program directors.

Develop an IEP for a child determined to be in need of special education.

Determine educational placement in the least restrictive environment.

Eligibility for Special Education
MOTOR/SENSORIMOTOR ABILITY

COMPLETE STEPS 1a, 1b, and 1c IF THEY HAVE NOT BEEN DONE.

1a. Rule out hearing, vision, and cultural factors.

1b. Complete structured observation.

1c. Conduct structured interview.

STEP 3: Assess motor or sensorimotor functioning.

Select an appropriate standardized instrument which assesses the suspected deficit. Test selection should be based on the suspected area of disability, e.g., if deficits are suspected in gross motor, select an instrument that will measure gross motor skills.

(See *Early Childhood Screening and Assessment: Annotated Lists of Screening and Assessment Instruments* p. 25).

Should be conducted by an OT/PT or someone familiar with motor or sensorimotor development of young children.

Consider the results of subtest scores as well as overall score, if appropriate.

Overall or subtest score must be at least −2 standard deviations (s.d.) if this is the only area of suspected deficit.

Must be at least −1.5 s.d. if there is another area of suspected deficit.

STEP 3a: If subtest or overall score is at least −2 s.d., consider the best time for the child and family to complete the MFE.

STEP 3b: If results are at least −1.5 s.d. and there is another area of suspected disability

Notify the specialist who will conduct the (standardized) assessment in the other area.

Determine the best time for the child and family to complete the MFE.

STEP 4: Conduct another structured observation if the results of the standardized testing suggest that this may be a child with a disability (−2 s.d. in one area, or −1.5 s.d. in two areas), and confirm or reject the data obtained from the standardized test(s).

Conduct an in-depth observation of the target behavior(s) in an environment that is appropriate and comfortable for the child (home, preschool class, play area, etc.). For further information about structured observations, see Monograph No. 9.

Again, someone with knowledge about the area of suspected disability should be involved.

Parents and other team members may wish to team this observation under appropriate conditions (from an observation room or where the team members can observe unobtrusively).

If a team approach is used, compare results and consider interrater reliability, i.e., Do all team members have the same perceptions about the target behavior? Are the data obtained in the observation consistent across raters?

Obtain consensus about the meaning of the observational data.

STEP 5: Administer a criterion-referenced/curriculum-based multiskills assessment instrument.

Select an instrument that addresses communication and any other area of suspected disability as well as the other areas specified in Rule 3301-31-02(C)(2)(a) to (i) in order to obtain a complete assessment profile of the child's current functioning levels.

(See *Early Childhood Screening and Assessment: Annotated Lists of Screening and Assessment Instruments* pp. 32-33).

This information will be documented on the ETR and used to determine entry points into the curriculum.

STEP 6: Meet with the team and complete the ETR (See sample ETR).

Review all data:

Do all data support that the scores obtained on the standardized tests are reflective of the child's real abilities in the area of the suspected disabilities?

Determine eligibility.

Plan the IEP meeting date and time.

Notify parents and all necessary parties of the IEP meeting.

STEP 7: Hold the IEP meeting.

Review ETR.

Determine nature and degree of special education intervention needed, if any.

If the child is not eligible, consider options available within the system (public school preschool, one of six typically developing peers in a special education center-based program with up to six preschool children with disabilities) or in the community (Head Start, JVS program). Refer parents to appropriate program directors.

Develop an IEP for a child determined to be in need of special education.

Determine educational placement in the least restrictive environment.

Eligibility for Special Education
SOCIAL-EMOTIONAL/BEHAVIOR

COMPLETE STEPS 1a, 1b, and 1c IF THEY HAVE NOT BEEN DONE.

1a. Rule out hearing, vision, and cultural factors.

1b. Complete structured observation.

1c. Conduct structured interview.

STEP 2: Assess social-emotional/behavioral functioning.

Select an appropriate standardized instrument which assesses social-emotional functioning. Test selection should be based on the suspected area of disability.

(See *Early Childhood Screening and Assessment: Annotated Lists of Screening and Assessment Instruments* pp. 26-31).

Should be conducted by a psychologist/behavior consultant who understands behavior of a typical 3 to 5 year old, or early education specialist.

Consider the results of subtest scores as well as overall score.

Overall or subtest score must be at least −2 standard deviations (s.d.) if this is the only area of suspected deficit.

Must be at least −1.5 s.d. if there is another area of suspected deficit.

STEP 3a: If subtest or overall score is at least −2 s.d., consider the best time for the child and family to complete the MFE.

STEP 3b: If results are at least −1.5 s.d. and there is another area of suspected disability

Notify the specialist who will conduct the (standardized) assessment in the other area.

Determine the best time for the child and family to complete the MFE.

STEP 4: Conduct another structured observation if the results of the standardized testing suggest that this may be a child with a disability (−2 s.d. in one area, or −1.5 s.d. in two areas), confirm or reject the data obtained from the standardized test(s).

Conduct an in-depth observation of the target behavior(s) in an environment that is appropriate and comfortable for the child (home, preschool class, play area, etc.). For further information about structured observations, see Monograph No. 9.

Again, someone with knowledge about the area of suspected disability should be involved.

Parents and other team members may wish to team this observation under appropriate conditions (from an observation room or where the team members can observe unobtrusively).

If a team approach is used, compare results and consider interrater reliability, i.e., Do all team members have the same perceptions about the target behavior? Are the data obtained in the observation consistent across raters?

Obtain consensus about the meaning of the observational data.

STEP 5: Administer a criterion-referenced/curriculum-based multiskills assessment instrument.

Select an instrument that addresses communication and any other area of suspected disability as well as the other areas specified in Rule 3301-31-02(C)(2)(a) to (i) in order to obtain a complete assessment profile of the child's current functioning levels.

(See *Early Childhood Screening and Assessment: Annotated Lists of Screening and Assessment Instruments* pp. 32-33).

This information will be documented on the ETR and used to determine entry points into the curriculum.

STEP 6: Meet with the team and complete the ETR (See sample ETR).

Review all data:

Do all data support that the scores obtained on the standardized tests are reflective of the child's real abilities in the area of the suspected disabilities?

Determine eligibility.

Plan the IEP meeting date and time.

Notify parents and all necessary parties of the IEP meeting.

STEP 7: Hold the IEP meeting.

Review ETR.

Determine nature and degree of special education intervention needed, if any.

If the child is not eligible, consider options available within the system (public school preschool, one of six typically developing peers in a special education center-based program with up to six preschool children with disabilities) or in the community (Head Start, JVS program). Refer parents to appropriate program directors.

Develop an IEP for a child determined to be in need of special education.

Determine educational placement in the least restrictive environment.

Eligibility for Special Education
VISION

COMPLETE STEPS 1a, 1b, and 1c IF THEY HAVE NOT BEEN DONE.

1a. Rule out hearing and cultural factors.

1b. Complete structured observation.

1c. Conduct structured interview.

STEP 2: Complete assessment to determine the following. Does the child have

A visual impairment, not primarily perceptual in nature, resulting in a measured visual acuity of 20/70 or poorer in the better eye with correction; or

A physical eye condition that affects visual functioning to the extent that special education placement, materials, and/or services are required in an educational setting.

STEP 3: Conduct another structured observation if the results of the testing in Step 3 suggest that this may be a child with a disability.

Conduct an in-depth observation of the target behavior(s) in an environment that is appropriate and comfortable for the child (home, preschool class, play area, etc.). For further information about structured observations, see Monograph No. 9.

STEP 4: Administer a criterion-referenced/curriculum-based multiskills assessment instrument.

Select an instrument that addresses communication and any other area of suspected disability as well as the other areas specified in Rule 3301-31-02(C)(2)(a) to (i) in order to obtain a complete assessment profile of the child's current functioning levels.

(See *Early Childhood Screening and Assessment: Annotated Lists of Screening and Assessment Instruments* pp. 32-33).

This information will be documented on the ETR and used to determine entry points into the curriculum.

STEP 5: Meet with the team and complete the ETR (See sample ETR).

Review all data:

Do all data support that the scores obtained on the standardized tests are reflective of the child's real abilities in the area of the suspected disabilities?

Determine eligibility.

Plan the IEP meeting date and time.

Notify parents and all necessary parties of the IEP meeting.

STEP 6: Hold the IEP meeting.

Review ETR.

Determine nature and degree of special education intervention needed, if any.

If the child is not eligible, consider options available within the system (public school preschool, one of six typically developing peers in a special education center-based program with up to six preschool children with disabilities) or in the community (Head Start, JVS program). Refer parents to appropriate program directors.

Develop an IEP for a child determined to be in need of special education.

Determine educational placement in the least restrictive environment.

PRETEST/POSTTEST IEP

1. A differentiated referral procedure may be undertaken prior to a referral for an MFE.
2. If a child is in a preschool program for children with disabilities and receives both speech therapy and occupational therapy, how many IEP's will the child have?
3. List the minimum participants/roles necessary for the development of the initial IEP.
4. List three activities or functions that require a school district to initiate and conduct an IEP meeting.
5. Select by underlining the activity that occurs first:
   (a) Placement of child
   (b) IEP development
6. If neither parent can attend a planning conference, list some alternative methods schools may use to involve parents in the development of the IEP.
   1.
   2.
   3.
   4.
   5.
7. List the nine required components of an IEP:
   1.
   2.
   3.
   4.
   5.
   6.
   7.
   8.
   9.
8. Select by checking the statements that reflect requirements in evaluation procedures:
   _____ (1) Tests should assess areas of development/functioning.
   _____ (2) Tests must be administered in the child's native language.
   _____ (3) I.Q. cannot be the sole criterion for placement.
   _____ (4) One person can administer the total evaluation.
   _____ (5) Evaluation may include medical evaluations.
   _____ (6) Structured observations, structured interviews and curriculum-based methods are optional.
9. How frequently is a school district required to determine the placement of a child with a disability?
10. When should an IEP be reviewed?
11. Can the short-term instructional objectives be developed after a child is placed in special education?
12. List the required participants/roles necessary for a periodic review.

PROJECT PREPARE

Modules for Competency-Based
Personnel Preparation in
Early Childhood Education

IEP

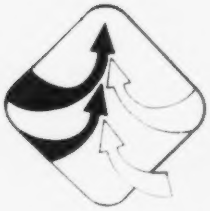
Staff

GOALS

1. State the definition and understand the purpose of an IEP.
2. Understand state and federal regulations in regard to the IEP.
3. Recognize that the IEP is one component of a comprehensive service delivery system.
4. Recognize the importance of an integrated IEP.
5. Understand various IEP formats appropriate for young children.

GOAL 1

IEP



LEVEL: STAFF

GOAL: **#1** State the definition and understand the purpose of the IEP.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will list the components of the IEP and its purpose.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Pretest. 2. Review the definition purpose, and requested component of the IEP.	1. Handout (S-H1) 2. Transparencies (S-T1, 2, 3, and 4) *What is an IEP* *P.L. 101-476* *IEP Required Major Components* *Other Components* **Supplemental Resources** Lowenthal, Barbara, 1979. IEP Purposes and Implications *Young Children.*	2. Remember, Early Childhood people will probably not be aware of IEPs. IEP is functionally the documented curriculum for the child's area of disability.

S-H1

PRETEST/POSTTEST IEP

1. A differentiated referral procedure may be undertaken prior to a referral for an MFE.

2. If a child is in a preschool program for children with disabilities and receives both speech therapy and occupational therapy, how many IEP's will the child have?

3. List the minimum participants/roles necessary for the development of the initial IEP.

4. List three activities or functions that require a school district to initiate and conduct an IEP meeting.

5. Select by underlining the activity that occurs first:
   (a) Placement of child
   (b) IEP development

6. If neither parent can attend a planning conference, list some alternative methods schools may use to involve parents in the development of the IEP.
   1.
   2.
   3.
   4.
   5.

7. List the nine required components of an IEP:
   1.
   2.
   3.
   4.
   5.
   6.
   7.
   8.
   9.

8. Select by checking the statements that reflect requirements in evaluation procedures:
   ______ (1) Tests should assess areas of development/functioning.
   ______ (2) Tests must be administered in the child's native language.
   ______ (3) I.Q. cannot be the sole criterion for placement.
   ______ (4) One person can administer the total evaluation.
   ______ (5) Evaluation may include medical evaluations.
   ______ (6) Structured observations, structured interviews and curriculum-based methods are optional.

9. How frequently is a school district required to determine the placement of a child with a disability?

10. When should an IEP be reviewed?

11. Can the short-term instructional objectives be developed after a child is placed in special education?

12. List the required participants/roles necessary for a periodic review.

WHAT IS AN IEP?

The Individualized Education Program (IEP) is a written statement of the educational program designed to meet the unique needs of an individual child with a disability(ies).

Two major parts of the IEP requirement:

1. The IEP meeting(s) at which parents and school personnel jointly decide a child's educational program; and
2. The IEP document itself, which is a written statement of the child's educational program and related services.

PUBLIC LAW 101-476
I.D.E.A.

The Individuals with Disabilities Education Act can be organized around four major purposes:

- To guarantee the availability of special education programming to eligible children with disabilities who require it.
- To assure fairness and appropriateness in decision making about providing special education to eligible children with disabilities.
- To establish clear management and auditing requirements and procedures regarding special education at all levels of government.
- To financially assist the efforts of state and federal government through the use of federal funds.

Source: P.L. 101-476 I.D.E.A.

IEP REQUIRED MAJOR COMPONENTS

1. A statement of the present levels of development/ functioning ...
2. A statement of annual goals ...
3. Including short-term objectives ...
4. A statement of the specific special education and all related services to be provided to the child ...
5. And the extent to which the child will be able to participate in regular education programs ...
6. The projected date for initiation ...
7. And anticipated duration of such services ...
8. Appropriate objective criteria, evaluation procedures, schedules for determining (at least annually) if achievement and placement are appropriate ...
9. Least Restrictive Environment.

OTHER COMPONENTS WHICH MAY BE INCLUDED IN IEP

1. Child's name and birthdate.
2. Area(s) of disability.
3. Educational placement.
4. Physical location of child's special education program and related services.
5. Names and titles of persons participating in the conference.
6. Date of conference in which IEP is developed.
7. Parent's waiver of his or her right to notification of placement by certified mail.
8. Parent's consent.

Source: IEP Module Central Ohio SERRC.

LEVEL: STAFF

GOAL: **#1** State the definition and understand the purpose of the IEP.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will describe the purpose of the various components of an IEP.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss what an IEP is and is not.	1. Transparency (S-T5) *What is an IEP* Flip Chart	1. Organize answers on chart paper.
2. Large group activity Discuss the purpose and functions of an IEP meeting.	2. Transparency (S-T6)	2. Ask participants to state what they think the purpose and functions of an IEP conference are. Then, share information on Transparency S-T6.
	Supplemental Resources *Rules for Preschool Programs Serving Children with Disabilities.* Blue Book Campbell, P. (Spirit) Individual Family Service Plans: Process & Format O.D.E. Division of Early Childhood Monograph No. 3. *Determining Eligibility for Early Childhood Special Education*	

WHAT IS AN IEP?

The Individualized Education Program (IEP) is a written statement of the educational program designed to meet the unique needs of an individual child with a disability(ies).

Two major parts of the IEP requirement:

1. The IEP meeting(s) at which parents and school personnel jointly decide a child's educational program; and
2. The IEP document itself, which is a written statement of the child's educational program and related services.

IEP is not:

1. A course of study
2. A lesson plan

IEP provides:

1. Measure of what the child should achieve.
2. How it is to be achieved.
3. When and if child's program needs to be adjusted.

Source: IEP Module Central Ohio SERRC.

THE IEP CONFERENCE

The major purpose of the conferfence is for school personnel and parents to develop the child's education program. **Rules for the Education of Handicapped Children** specify four tasks for the IEP conference participants:

1. Review the multifactored evaluation team report;
2. Determine the nature and degree of special education intervention needed, if any;
3. Develop an individualized education program for a child determined to be in need of special education in accordance with Rules; and
4. Determine educational placement in the least restrictive environment in accordance with the IEP.

Taken from: *National Information Center for Handicapped Children and Youth*, 1981, pg. 1.

LEVEL: STAFF

GOAL: **#1** State the definition and understand the purpose of the IEP.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will appreciate the role of the IEP in relation to early childhood special education program delivery.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss how the development of IEP behavioral objectives serves as the special education core curriculum for the child.		1. Be sure to highlight how the IEP is consistent with and supports service delivery in an integrated setting. In addition, ask participants to discuss how the IEP can also be sensitive to other types of diversity (e.g., ability, cultural, racial, religious, gender, etc.)

GOAL 2

IEP

LEVEL: STAFF

GOAL: **#2** Understand state and federal regulations in regard to the IEP.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand the theoretical constructs and spirit of the legislative mandates regarding the IEP.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss intent of IEP and IEP process.	1. Transparency (S-T7) Intent of IEP and IEP Process. Handout (S-H2) O.D.E. *Rules Implementation Monograph No. 4* **Supplemental Resources** Linder, Toni, W., 1983. *Early Childhood Special Education.* Paul H. Brookes Publishing Co., Baltimore	1. Review points on Transparency and review Handout. Discuss how this process can reflect a sensitivity to diversity (e.g., ability, cultural, racial, religious, gender, etc.)

INTENT OF IEP AND IEP PROCESS

a. The IEP meeting serves as a communication vehicle between parents and school personnel, and enables them to jointly decide what the child's needs are, what services will be provided to meet those needs, and what the anticipated outcomes may be.

b. The IEP process provides an opportunity for resolving any differences between the parents and the school district concerning a child's special education needs; first, through the IEP meeting, and second, if necessary, through the procedural protections that are available to parents.

c. The IEP sets forth in writing a commitment of resources necessary to enable an eligible child to receive and appropriate education.

d. The IEP is a management tool that is used to ensure that each eligible child is provided special education and related services designed to accommodate individual learning needs.

e. The IEP is a compliance/monitoring document which may be used by authorized monitoring personnel from each documental level to determine whether an eligible child is actually receiving the free appropriate public education agreed to by the parents and the school.

f. The IEP serves as an evaluation device for use in determining the extent of the child's progress toward meeting the projected outcomes.

Ohio Department of Education
Division of Early Childhood Education
Rules Implementation
Monograph No. 4
(Draft 3/91)

DEVELOPING INDIVIDUALIZED EDUCATION PROGRAMS (IEPs) FOR YOUNG CHILDREN WITH DISABILITIES

An IEP (Individualized Education Program) conference is held for each child within 30 days after the child is determined to be eligible for early childhood special education and related services. The IEP conference participants will determine the nature and degree of special education needed, if any, and will summarize the information, discussions, and decisions made concerning a child's developmental/educational needs. A wide array of individuals who have specific expertise or information about a child will be involved in the development of the IEP. The IEP should reflect the continuity of the special education process steps to this point and integrate all information gathered during the process.

The IEP meeting should promote positive communication between parents and school personnel, and foster an atmosphere of equal partnership in the child's program. The IEP itself is an instructional management tool that will ensure appropriate services. It will commit the resources necessary to the resolution of differences outside of due process. The IEP will also serve as a basis for evaluating student progress by describing instructional goals and objectives.

The IEP conference is a team approach. Both parents and special education personnel may be listed as the implementers of the IEP. Development of the IEP is by definition a collaborative activity between school and parents. Simply signing the IEP is not an indication of collaboration. Meaningful involvement in the IEP development process provides an excellent foundation for continued parental-professional collaboration. To be effective, all team members should share the decision making process.

The participants of the IEP conference must include the following, one of whom must be designated as chairperson:

- A person, other than the child's teacher, who is a representative of the school district and who is qualified to provide, or supervise the provision of, special education (i.e., building principal, director of special education);
- The child's teacher;
- One or both of the child's parents;
- Other individuals at the discretion of the parent or agency (i.e., related services personnel, other service providing agency personnel); and
- A member of the evaluation team or a representative of the school district, the child's teacher, or some other person who is knowledgeable about the evaluation procedures used with the child and is familiar with the results of the evaluation.

The IEP conference participants are responsible for the following:

- Reviewing the multifactored evaluation team report;
- Determining the nature and degree of special education intervention needed, if any;
- Developing an IEP for a child determined to be in need of special education; and
- Determining the least restrictive environment in which the special education intervention is delivered.

The remaining portions of this monograph summarize the major areas of information that IEP team members need to consider when developing IEPs for preschool-age children. A sample IEP format appropriate for use with this population of children is included in Appendix A. This format may be used as is, or modified to meet idiosyncratic program needs and characteristics.

Development of the IEP

A statement of the present levels of development/functioning of the child. This information will be gleaned from the multifactored evaluation team report, the components of which are outlined in Rule 3301-31-02 (H) and include:

- Documentation of all assessment dates, procedures, and results;
- Documentation of the area(s) of documented deficit; and
- Description of observed behavior in the area(s) of deficit as compared to typical behavior of same-age peers.

Included in this summary should be the area(s) of development/functioning affected by the child's disability, including both strengths and needs.

A statement of annual goals, including short-term instructional objectives. There should be a direct relationship between the statement of present level(s) of development/functioning of the child and the annual goals. There should be more than one objective for each annual goal, and there should, of course, be a direct relationship between goals and objectives.

Care should be taken to ensure that annual goals and short-term objectives reflect principles of developmentally-appropriate practice. It may be helpful to translate how these goals and objectives can be appropriately implemented within the daily activities that take place within an early childhood setting that incorporates the basic principles that underlie developmentally-appropriate curriculum.

A statement of the specific special education and related services to be provided to the child, and the extent to which the child will be able to participate in regular education programs. Once annual goals and short-term instructional objectives have been developed, the IEP team must consider how these goals and objectives can be most appropriately met including a determination of type of services that will be necessary to accomplish the goals and objectives, who will provide the needed services, and where the services will be delivered.

There are three major types of services that both preschool special education teachers and related service personnel may provide. They include *consultative services* (i.e., the service

provider consults with the early childhood education teachers regarding modification of the learning environments to meet individual learning needs, *indirect services* (i.e., the service provider facilitates the related activities within the natural learning environment of the early childhood education setting, or *direct services* (i.e., the service provider works directly with individual children within the early childhood education setting).

When determining who will provide needed services, team members should consider both *special education teachers and related services personnel.* In some cases, there may be goals and objectives for which service providers representing more than one discipline will be trained to address. As an example, a child with a documented deficit in the communication domain might receive services from a preschool special education teacher or a speech/ language pathologist. Or a child with a documented deficit in the motor domain might receive services from a physical therapist, occupational therapist, or a preschool special education teacher. Related services for a preschool child with a disability may be considered a special education program if they provide specially designed instruction to meet the unique needs of the child and no other special education program is currently being provided to that child.

Preschool special education teachers and related services personnel may be delivered in a variety of alternative service delivery options as outlined in Rules Implementation Monograph No. 2. These options include *Itinerant services* (delivered in the home or public school/community-based program), and *center-based services* (delivered through shared classroom, enrollment of typical peers, mainstreaming, reverse mainstreaming, or separate class arrangements).

The IEP team participants should consider the strengths and needs of the child as well as the family when determining the least restrictive environment in which special education and related services will be delivered. The team should also identify the environment in which the child would be if no disability existed, and remove the child from that environment only when it has been determined that, even with the provision of supplemental aids and services, the individual goals and objectives cannot be achieved satisfactorily in that setting. Team members may want to ask the following questions when making decisions regarding least restrictive environment:

- Is it likely that this child will achieve stated goals and objectives with special education and related services provided in the child's environment(s)?
- Can the current environment be modified/adapted to meet the child's needs?
- Does appropriate implementation of this child's IEP require any/some removal of this child from the child's typical environment?
- If the typical environment can not be reasonably adapted so that the IEP can be implemented, what changes are necessary to implement the IEP?

Documentation of the extent to which the preschool-age child will participate in regular education programs is based on the ten hours per week (center-based) and four hours per month (itinerant) standard and defined as the extent of time spent in early childhood programs for typically developing children when compared to the percent of time spent in early chidhood special education programs. For example, a child enrolled in a public school preschool program and receiving special education services through an itinerant model two hours per week would spend 83% of time in regular education. A child enrolled in a self-contained early childhood special education classroom would spend 0% of time in regular education.

The projected date for initiation and anticipated duration of special education and related services. The IEP should document the date that special education and related services will be initiated. The statement of duration should represent the best estimate of how long the child will require these special education and related services. It is not meant to be a binding statement since it is reviewed at least annually, and can be revised at any appropriate time.

Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether short-term instructional objectives are being achieved and whether current services are appropriate.

This portion of the IEP must set forth and specify the criteria and evaluation procedures to accomplish several tasks:

- To determine whether or not each of the child's objectives has been (or is being) met;
- To specify how and when the service providers will review the child's performance;
- To determine whether or not current (or continued) services are appropriate; and
- Whether other services, options, or adjustments should be made.

In order to accomplish these tasks, there must be an evaluation procedure and criteria for *each objective written.* Only through well-developed procedures and criteria can the IEP team at the annual review actually determine if short-term objectives have been accomplished.

Additional information to be included. Following is a list of additional information areas that should be included on each child's IEP:

- The child's name and birthdate;
- The child's primary area(s) of deficit;
- The child's educational placement;
- The physical location of the child's special education program and related services;
- The names and titles of persons participating in the conference and the date of the conference in which the IEP is developed;
- The parent's waiver of his or her right to notification of placement by certified mail; and
- The parent's consent for placement in the recommended special education program and for the provision of any related services.

Review and Revision of the IEP

Evaluation of a child's progress is on-going and is part of the preschool special education teacher's lesson plans. A formal review and, when appropriate, a revision of a child's IEP should occur at least annually, but the process may be initiated at any time. A review of the IEP should occur:

- At the request of the parent;
- Prior to a child's moving to another school district or another program within the school district;
- When a child has accomplished the goals and instructional objectives as stated in the IEP and is showing age-appropriate developoment in the designated skill areas;
- When there is an addition or deletion of special education services (i.e., occupational therapy, physical therapy); and
- When a child moves into the school district with an active IEP from another district/agency.

The IEP review team shall consist of the child's teacher, one or both of the child's parents, a person qualified to provide or supervise the provision of special education, and others, deemed appropriate

At the required annual review, the following considerations need to be made based on the most current evaluation information and a review of the IEP:

- Reassessment;
- Dismissal from program;
- Deletion of services;
- Addition of services; and
- Continuation of services.

Preschool Transition Plan

A transition plan should be developed for any preschool child moving from one educational environment to another. The preschool transition plan should be written into the IEP as an area with an annual goal(s) and objectives. Participants in an IEP meeting who may be addressing preschool transition should include professionals from both the sending and the receiving agencies/programs as well as the parents and other participants as determined necessary. The implementation of the preschool transition plan should begin the year prior to the child's placement in a new educational environment. However, transition may be an ongoing process throughout the child's program.

Family Involvement Plan

A family involvement plan should be developed for the family of any preschooler if determined appropriate by the IEP team. The family involvement plan should be written into the IEP as an area with family outcomes identified. In determining family involvement outcomes, the team should consider at least the following:

- Family strengths;
- Family needs for information; and
- The family's preference for receiving information.

The family involvement activities selected to address the outcomes should include, but not be limited to the following:

- Family contacts (e.g., home visits, consultation, telephone conferences);
- Linkage to other resources;
- Coordination of agency services;
- Provision of educational opportunities; and
- Provision of materials/literature.

LEVEL: STAFF

GOAL: **#2** Understand state and federal regulations in regard to the IEP.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will be able to develop an IEP.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss completion of IEP.	1. Handouts (S-H3 and 4) Make Transparencies of the four "form" pages from S-H4	1. Ask participant to read the case study and briefly review the first four pages of the IEP form. Using the Transparencies "walk" participants through the IEP development process for the child described in the case study. Note: do *not* focus heavily on objectives, since they are covered under Goal 4 — Skill objective.

CASE STUDY

Steve is a preschool child with a documented deficit disability in motor functioning. He was born with spina bifida and uses crutches to move around in his environment. He is currently enrolled in a preschool program in the community with physical therapy services given to him once a week. He is learning to catheterize himself but sometimes has problems with his toileting needs. He is four years old and will be entering his neighborhood public school in the kindergarten class next September. His mother is very concerned about the stairs in the building and Steve's ability to maneuver around in this elementary building which has stairs everywhere the children must go. Steve's mother is also concerned about his toileting needs and the way other children will interact with him because of the crutches. Developmentally Steve is displaying developmentally-appropriate skills in all areas except gross motor skills.

APPENDIX A

INSTRUCTIONS FOR THE COMPLETION OF

SPECS P-125
INDIVIDUALIZED EDUCATION PROGRAM

Taken from: *SEO-SERRC Model Policies, Procedures and Forms to Implement the Preschool Rules.* (1991).

S-H4

INDIVIDUALIZED EDUCATION PROGRAM

SPECS P-125-1

IEP Meeting Date ___ / (1) / ___ Effective School Year (2) (3) ☐ Initial Placement
(4) ☐ Periodic Review

Child's Name (5) D.O.B. ___ / (6) / ___ C.A. (7) Sex (8)

Parent(s) (9) Phone (10)

Address (11)

District of Residence (12) District/Agency of Attendance (13)

Location of Special Education Program and/or Related Services (14)

Date of Next Schedule Review ___ /(15)/ ___
Month Day Year

AREA(S) OF DOCUMENTED DEFICIT: (check all that apply)

☐ Cognitive & Adaptive Behavior
☐ Cognitive & One or More of the Areas Listed Below
☐ Adaptive Behavior & One or More of the Areas Listed Below
☐ Communication Skills
☐ Hearing Abilities
☐ Motor Functioning
☐ Social & Emotional/Behavior Functioning
☐ Vision Abilities

(16)

PRESENT LEVELS OF DEVELOPMENT/FUNCTIONING (17)

Domains of developmentally-appropriate curriculum affected by area(s) of documented deficit(s): (✓ **all that apply**)

☐ Adaptive ☐ Cognitive ☐ Sensorimotor ☐ Aesthetic ☐ Communication ☐ Social-Emotional

☐ Other (please specify) (1.) ________ (2.) ________ (3.) ________

(18)

Records Control Officer–White • Parent–Canary • Program Teacher–Pink • Related Service Provider–Goldenrod

S-H4

INDIVIDUALIZED EDUCATION PROGRAM

Child's Name ______(19)______ D.O.B. ___/(20)/___ Page (21) of ______

PRESENT LEVELS OF DEVELOPMENT/FUNCTIONING (CONTINUED)

(22)

Records Control Officer–White • Parent–Canary • Program Teacher–Pink • Related Service Provider–Goldenrod

S-H4

INDIVIDUALIZED EDUCATION PROGRAM

Child's Name (23) D.O.B. ___/(24)/___ Page (25) of ____

Annual Goals	Short-Term Instructional Objectives Including Objective Criteria and Evaluation Procedures	Check (✓) and date if met
(26)	(27)	(28)

Records Control Officer–White • Parent–Canary • Program Teacher–Pink • Related Service Provider–Goldenrod

S-H4

INDIVIDUALIZED EDUCATION PROGRAM

Child's Name ________(29)________ D.O.B. ___/(30)/___ Page (31) of ______

DETERMINATION OF LEAST RESTRICTIVE ENVIRONMENT (32)

Based upon the IEP Goals and Objectives and the Strengths and Needs of the Family, the IEP Conference Participants Have Discussed the Following Least Restrictive Environment Options:

Program (Check ✓)	Location options where special education services may be delivered (list all options available and check options considered)		Participation with Typically Developing Peers Available Check ✓ Yes	or No
Center Based ☐	____________	☐	☐	☐
	____________	☐	☐	☐
	____________	☐	☐	☐
Itinerant ☐	Home	☐	☐	☐
	Parent Selected Licensed Child Care/Preschool/Kindergarten	☐	☐	☐
	Public School Kindergarten	☐	☐	☐

SPECIAL EDUCATION PROGRAM (33)

Based upon the Discussion of Least Restrictive Environment Options, the Following Program Has Been Selected.

Program	Location	Number of Hours	Extent of Participation with Typically Developing Peers	Date of Initiation	Anticipated Duration	Date Terminated
				/ /		/ /
				/ /		/ /
				/ /		/ /

Needs Necessitating Placement in Separate Facility: (If child is placed in separate facility, document needs necessitating such placement) _____(34)_____

RELATED SERVICES (35)

Service	Location	Type of Service (Check ✓) Consultation	Classroom by Therapist	Pullout	Date of Initation	Anticipated Duration	Date Terminated
		☐	☐	☐	/ /		/ /
		☐	☐	☐	/ /		/ /
		☐	☐	☐	/ /		/ /
		☐	☐	☐	/ /		/ /
		☐	☐	☐	/ /		/ /
		☐	☐	☐	/ /		/ /

IEP MEETING PARTICIPANTS (36)

(Sign only when in agreement)

Teacher	**District Representative**	**Parent/Guardian/Surrogate**
Name: ________	Name: ________	Name: ________
Position: ________	Position: ________	Position: ________
Signature: ________	Signature: ________	Signature: ________
Evaluation Team Member	**Other**	**Other**
Name: ________	Name: ________	Name: ________
Position: ________	Position: ________	Position: ________
Signature: ________	Signature: ________	Signature: ________

IEP Meeting Participants who disagree shall submit a separate statement.

PARENT/GUARDIAN/SURROGATE SIGNATURE

Please Check (✓) (37)

☐ I have read and understand the contents of the IEP and was provided the opportunity to participate in it's development.
☐ I give my permission for placement and services herein.
☐ I waive my right to notification by certified mail of the placement decision.

Parent/Guardian/Surrogate Signature: ____________ Date: ________

I do not give my permission for the placement proposed and I understand that no change in educational placement shall occur until present differences are resolved.

Parent/Guardian/Surrogate Signature: ____________ Date: ________
Superintendent Signature: _____(38)_____ Date: ________

Records Control Officer–White • Parent–Canary • Program Teacher–Pink • Related Service Provider–Goldenrod

(1) Record the date (month/day/year) that the IEP is held.

(2) Record the school year in which the IEP is effective, e.g.,

IEP developed January 1990 — Effective School Year 90-91
IEP developed May 1990 — Effective School Year 90-91
IEP developed September 1990 — Effective School Year 90-91

(3) Check this box if the IEP is being developed for a child who is being placed for the first time.

(4) Check this box if the IEP is being developed as the result of the Periodic Review.

(5) Record the child's name as it appears on official records.

(6) Record the child's date of birth as it appears on official records (month/day/year).

(7) Record the child's chronological age (year-month).

(8) Record the child's sex (M or F).

(9) Record the parent(s)/legal guardian name(s)/surrogate name.

(10) Record the parent(s)/legal guardian/surrogate phone number. If there is no phone, write "none."

(11) Record the parent(s)/legal guardian/surrogate address. If different from that of the student, record both addresses and identify which is the child's.

(12) Record the student's school district of residence which is defined in the Ohio Rules (p. 10-11) as:

1. "The school district in which the child's parent resides, whether in a public or private dwelling or institution, or if not so determined;
2. The last school district in Ohio in which the child's parent is known to have resided if the parent's whereabouts are unkown, or if not so determined;
3. The school district in which the child's parent resided when placement in a program of special education was made, or if not so determined;
4. The school district as determined by the probate court of the county from which admission or placement was made."

(13) Record the school district or agency the child attends or will attend to receive special education and/or related services. If it is the same as the district of residence, then write "same."

(14) Record the location where the student will attend to receive special education and/or related services.

(15) Record the month, day, and year of the next scheduled review. The review must be scheduled within one calendar year of the date on which the IEP was developed.

(16) Check that all areas of documented deficit as determined by the maltifactored evaluation and recorded on Form P-134.

(17) Check all areas of the developmentally-appropriate curriculum affected by the documented deficit(s).

This determination should be made by the IEP Team based upon the following:
a. Review of the MFE Team Report.
b. Strengths and needs of the child.
c. The nature and severity of the child's disability.
d. The nature and severity of the area(s) of documented deficit.
e. Input from those familiar with the child.

(18) Each area checked in (16) and (17) must be accompanied by a statement of Present Levels of Development/Functioning.

Present Levels of Development/Functioning are the basis for the Annual Goals and Short-Term Instructional Objectives. Thus, there should be a direct relationship among the Present Levels of Development/Functioning, Annual Goals and Short-Term Instructional Objectives.

They should be based upon the following:

a. Multifactored Evaluation Data.
b. In cases of annual review, the most current evaluation data.
c. The strengths and needs of the child.

The Present Levels of Development/Functioning should be objectively stated and of sufficient detail so that parents and those not directly familiar with the child may have a reasonable understanding of the child's Levels of Development/Functioning. Test scores alone are not sufficient.

Examples

Cognitive (Readiness)

Explores and investigates his environment. Brings most objects to mouth to explore. Pulls a string to obtain a toy or desired object (balloon); searches for removed objects; reaches around a barrier to obtain an object and uncover a hidden toy. Demonstrates functional understanding of spoon and cup. Attempts to imitate some actions demonstrated by an adult.

Communication

Responds to and turns his head toward sounds outside of his field of vision; responds to different tones of a person's voice; will sometimes follow simple commands. Expresses wants and needs by physical movement, moving to the location of a desired object (food), fussing and using some gestures. Spontaneously makes some vowel and consonant sounds. Verbal expression is not significantly increased by his sounds being imitated. Limited verbal turn taking. When shown two objects (cup/grape) he will indicate choice/preference by picking up the desired object. Most responsive to objects and activities which involve music and/or noise.

Fine Motor Skills

Reaches, grasps, and releases objects. Uses a raking motion and some fingers/thumb opposition to pick up smaller objects. Passes objects from one hand to the other. Can bring his hands together but does not typically clap or play patty cake. Can pull open drawers and cupboard doors. Dumps things out of a container, but shows no interest in putting things in a container. Pulls rings off a post, but does not place rings on a post. Shows minimal interest in holding a crayon or using it for making marks/scribbles. Has not yet demonstrated hand dominance.

Adaptive Behavior

Establishes and maintains eye contact; visually follows an object moved up/down, side to side and in a circle; occupies himself for ten or more minutes without demanding attention; beginning to show interest in picture books. Drinks from a cup with a lid with minimal assistance. Beginning to use a spoon to feed himself. The food must be scooped into the spoon by someone else.

Vision Abilities

Dave can match objects by color, size, and shape. He can tell a missing detail of a familiar object, recognize outline pictures of objects, match pictures varying in small details, identify actions and small details in pictures, identify and categorize some pictures and copy a block x design. Visual activities requiring perception of a whole and matching or copying letters and numerals are difficult for Dave.

(19) Record the child's name from page 1 of the IEP form.

(20) Record the child's date of birth (month/day/year) from page 1 of the IEP form.

(21) Record the page number and total number of pages in the IEP.

(22) This section should be used to continue the Present levels of Development/Functioning Statements.

(23) Record the child's name from page 1 of the IEP.

(24) Record the child's date of birth (month/day/year) from page 1 of the IEP form.

(25) Record the page number and total number of pages in the IEP.

(26) Annual Goals are defined in Ohio Rules (p. 3) as:

> "... expected behavior to be achieved through the implementation of the child's individualized education program. These goals must meet the unique needs of each handicapped child as determined by the appropriate evaluation techniques and/or instruments."

In writing annual goals, the IEP Team should consider the above definition and the following:

a. The annual goal should be based upon the student's unique needs as identified through determination of the student's Present Levels of Development/Functioning.
b. It is the outcome of the accomplishment of the Short-Term Instructional Objectives.
c. One or more Annual Goals should be written for each Present Levels of Development Functioning.
d. Annual Goals should reflect principles of developmentally-appropriate practice. It may be helpful to consider how these goals and objectives can be appropriately implemented within the daily activities that take place within an early childhood setting that incorporates the basic principles that underlie developmentally appropriate curriculum.
e. Annual Goals should be relatively broad in nature to include unexpected gains.

Examples

To improve expressive communication skills.
To improve gross motor skills.
To improve adaptive skills.
To improve academic readiness skills.

(27) Short-Term Instructional Objectives are defined in the Ohio Rules (p. 12) as: "The intermediate steps leading to the accomplishment of the stated annual goals." In the development of the Short-Term Instructional Objectives, the IEP Team should consider the following:

a. Each Annual Goal should have more than one Short-Term Instructional Objective. While no specific number of objectives is mandated, and the actual number of objectives may depend on the nature of the annual goal, most experts agree that 3-4 objectives are sufficient. The above definition should also be taken into account when determining the number of objectives written.

b. Short-Term Instructional Objectives should reflect principles of developmentally-appropriate curriculum as outlined in item (26)d.

c. Short-Term Instructional Objectives should be specific and follow the format of Procedure/Condition, Behavior and Criteria as follows:

Procedure	**Behavior**	**Criteria**
Given verbal cues and adapted tools (screen board, raised line paper, high contract background, and dictation by teacher),	Robin will print upper case alphabet letters,	20 of 26 legible letters on 4 different dates,
When toys are placed out of reach and the teacher models/prompts the word/sign "play,"	Robin will sign "play," and vocalize,	on at least 4 documented dates.
When Robin is observed by the teacher participating in activities designed to stimulate joint activity,	she will take at least two turns with adult or child partner,	as demonstrated on at least 4 documented dates.
To improve fine motor skills, when Robin is observed picking up small objects such as food or toys, by the teacher,	she will use a pincer grasp.	4/5 times on at least 4 documented dates.

d. When determining the criteria for accomplishment of the objective, careful consideration should be given to the nature and severity of the child's disability. Criteria should be realistic and reflect a reasonable chance of success.

Annual Goals	**Short-Term Instructional Objectives Including Objective Criteria and Evaluation Procedures**	**Check (✓) and Date If Met**
To improve pre-academic skills	1. Given verbal cues and adapted tools (screen board, raised line paper, high contrast background), Robin will print 20 of 26 upper case letters dictated by the teacher on 4 different dates.	✓ 2/12/92 ✓ 2/20/92 ✓ 4/20/92
To improve communication skills	1. When toys are placed out of reach and the teacher models/prompts the word/sign "play," Robin will sign play and vocalize on at least 4 different dates.	✓ 11/10/91 ✓ 11/20/91 ✓ 3/5/92 ✓ 4/20/92
To improve social skills	1. When the teacher or aide observes Robin participating in activities designed to stimulate joint play, Robin will take at least 2 turns with an adult or child partner on 4 different occassions.	✓ 5/12/91 ✓ 11/10/91 ✓ 3/4/92 ✓ 4/1/92
To improve fine motor skills	1. When the teacher observes Robin picking up small objects such as food or toys, Robin will use a pincer grasp 4 of 5 times on at least 4 different occassions.	✓ 10/4/91 ✓ 11/4/91 ✓ 1/3/92 ✓ 5/15/92

(28) If the Criteria/Level is met the objective should be checked in this column and the date recorded. Documentation of the method of evaluation and results should be kept for a period of five years.

(29) Record the child's name from page 1 of the IEP.

(30) Record the date of birth (month/day/year) from page 1 of the IEP.

(31) Record the page number and the total number of pages in the IEP.

(32) The determination of the most appropriate environment in which special education and related services should be delivered must be determined during the Individual Education Program (IEP) process. In addition to considering the needs of the child, IEP Team members will also assess the needs of the family when determining the "least restrictive environment" in which special education and related services will be delivered. An inherent assumption within the traditional continuum of services for school-age programs is the concept of "least" to "most" restrictive placement, with the home setting identified as most restrictive. Within the paradigm of preschool service delivery, however, service delivery options are not envisioned as a continuum, but rather alternatives within which, for example, the home environment might be determined to be the least restrictive environment.

The IEP Team participants should consider the strengths and needs of the child as well as the family when determining the least restrictive environment in which special education and related services will be delivered. The team should also identify the environment in which the child would be if no disability existed, and remove the child from that environment only when it has been determined that, even with the provision of supplemental aids and services, the individual goals and objectives cannot be achieved satisfactorily in that setting. Team members may want to ask the following questions when making decisions regarding least restrictive environment.

a. Is it likely that this child will achieve stated goals and objectives with special education and related services provided in the child's environment(s)?
b. Can the current environment be modified/adapted to meet the child's needs?
c. Does appropriate implementation of this child's IEP require any/some removal of this child from the child's typical environment?
d. If the typical environment cannot be reasonably adapted so that the IEP can be implemented, what changes are necessary to implement the IEP?

The *Rules for the Education of Preschool Children with Disabilities Served By Public Schools and County Boards of Mental Retardation and Developmental Disabilities* (Rule 3301-31-03 (c)) provides for the following possible service delivery options:

Itinerant Services

Itinerant services are defined as services provided by preschool special education teachers or related services personnel which occur in the setting where the child or the child and parent(s) are located as opposed to providing services at a centralized location. The itinerant model includes two methods of service delivery:

- services delivered in the home environment;
- services delivered to children attending a preschool/kindergarten program for typically developing children.

Home environment is defined as the residence of the child and the child's parent(s). In addition to providing itinerant services to children attending a public school preschool or kindergarten program, services may also be provided to children attending a licensed community-based preschool/kindergarten where a qualified staff member is assigned to the child.

Center-based Services

Center-based services are defined as classroom programs that provide group education experiences to children of similar ages or developmental levels on a regularly scheduled basis and in a central location. The center-based model includes several possible methods of service delivery:

- Shared classroom. In this arrangement one class for children with disabilities and one class for typically developing children share the same classroom space. Teachers "team plan and teach."
- Enrollment of Typical Peers. In this arrangement up to six age-eligible typically-developing children are enrolled in a special class for the purpose of establishing an integrated class setting.
- Mainstreaming. In this arrangement children with disabilities are enrolled in a special class, and also participate in planned activities that take place within preschool programs for typically-developing children.
- Reverse Mainstreaming. In this arrangement children who are enrolled in programs for typically-developing children participate in some of the activities within the special class setting.
- Separate Class. In this arrangement children with disabilities are enrolled in a special class with no planned interaction with typically-developing, age-mate children. In this case the nature and degree of disability that necessitates separate class placement must be well documented.

A discussion of the strengths and weaknesses of these program options is provided in the Ohio Department of Education Division of Early Childhood Education Rules Implementation Monograph series Monograph No. 2 (Draft 3/91).

Based upon consideration of the above factors this section should be completed as follows:

a. Each Program considered should be checked.
b. For the center-based section all available options should be listed and upon consideration checked. For itinerant, each listed option should be considered.

Examples

Center-Based	☑	Special Class in County Board of MR/DD Special Class at Happy Days Day Care Center Special Class at Putnam Elementary
Itinerant	☑	Home Public School Kindergarten

c. The section entitled participation with Typically-Developing Peers Available should be checked as Yes or No.

(33) Special Education Program

As a result of the determination of the Least Restrictive Environment, this section should be completed as follows:

a. Program: Indicate the program option selected, i.e., Special Class, Itinerant, or combination.
b. Location: Indicate the actual location where the program option will be provided.
c. Number of Hours: Indicate the actual number of hours of special education services to be provided.

Minimum Contact Hours are as follows:

Center-Based — 10 hours per week
Itinerant — 4 hours per month
Combination: 10 hours per week for center-based, 4 hours per month for itinerant

d. Extent of Participation with typically-developing peers: This should be expressed as a percent or actual amount of time.

Examples

Child enrolled in a public school preschool (four hours per day) and receives itinerant services two hours per week.

2 hours/week divided by 20 hours/week = 10%
Thus, 90% of the time is spent with typically-developing peers

Child is enrolled in self-contained class full time.

Thus, 0% of the time is spend with typically-developing peers.

Child attends licensed day care facility four hours daily and receives one hour per week of Itinerant Service.

Thus, child will spend 19 hours per week with typically-developing peers.

e. Date of Initiation: Record the date (day/month/year) on which the program is to begin. This date should not reflect an undue delay in the initiation of service.
f. Anticipated Duration: Record the anticipated duration of the needed services. This is the IEP Team's best estimate of how long the services will be needed. It is not meant to be a binding statement, since the IEP is reviewed at least annually and may be reviewed at any time. Under normal circumstances, the Anticipated Duration would be "one school year."
g. Date Terminated: Record the date (day/month/year) that special education services are terminated, i.e., no longer needed.

(34) Placement in a separate facility could occur in the following situations:

a. County Board of MR/DD Center-Based Program with no typically-developing peers in the center-based program.
b. Facility with no other children in a center-based program with no typically-developing peers in the center-based program, e.g., a church.
c. Facility with no other age-appropriate children in a center-based program with no typically-developing peers in the center-based program, e.g., a vocational school.

The reasons for placement in a separate facility could be:

1. The IEP team determines that this is more appropriate than other placement options.
2. The child's individual goals and objectives have not been met in a less restrictive environment.

(35) There are three major types of services that both preschool special education teachers and related service personnel may provide. They include: **consultative services** (i.e., the service provider consults with the early childhood education teachers regarding modification of the learning environments to meet individual learning needs), **indirect services** (i.e., the service provider facilitates the related activities within the natural learning environment of the early childhood education setting, or **direct services** (i.e., the service provider works directly with individual children within the early childhood education setting.)

When determining who will provide needed services, team members should consider both special education teachers and related services personnel. In some cases, there may be goals and objectives for which service providers representing more than one discipline will be trained to address. As an example, a child with a documented deficit in the communication domain might receive services from a preschool special education teacher or a speech/language pathologist. A child with a documented deficit in the motor domain might receive services from a physical therapist, occupational therapist, or a preschool special education teacher. Related services for a preschool child with a disability may be considered a special education program if they provide specially designed instruction to meet the unique needs of the child and no other special education program is currently being provided to that child.

This section should be completed as follows:

a. Service: Record the needed related service as indicated in the *Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of Mental Retardation and Developmental Disabilities*, section 3301-31-05-E.
b. Location: Record the location where related services will be provided.
c. Type of Service: Check the type of service needed as determined by the IEP Team.
d. Date of Initiation: Record the date (day/month/year) in which the program is to begin. This date should not reflect an undue delay in the initiation of services.
e. Anticipated Duration: Record the anticipated duration of needed services. This is the IEP Team's best estimate of how long the services will be needed. It is not meant to be a binding statement, since the IEP is reviewed at least annually and may be reviewed at any time. Unless there is a special circumstance, the Anticipated Duration would be one school year.
f. Date Terminated: Record the date (day/month/year) that the related service is terminated, i.e., no longer needed.

(36) Those team members in agreement with the proposed IEP should print their name, position, and sign this section.

Those team members who do not agree with the proposed IEP should submit a separate statement detailing their disagreement.

(37) The parent/guardian/surrogate should check each box (3) in this section if they agree with the statements and sign and date the IEP.

If the parent/guardian/surrogate does not agree with the IEP, the district should:

a. Immediately inform or re-inform the parent/guardian/surrogate of their due process rights and the procedures that apply. Use SPECS Brochures I, II, III **Facts a Parent Should Know About Preschool Special Education Programs and Services Available in Public Schools.**
b. Inform the parent/guardian/surrogate of the information procedures to resolve disagreement such as Case Conference and/or Administrative Review.
c. If agreement cannot be reached by these procedures, the district and/or parent/guardian/surrogate may consider requesting an Impartial Due Process Hearing. (Refer to SPECs Rules pp. 24-26 for appropriate forms and procedures.)
d. The parent/guardian/surrogate should sign and record the date of the fact that they disagree with the proposed IEP.

(38) The IEP should then be sent to the superintendent of the district of residence. The superintendent's signature indicates that he/she is aware of the situation.

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LEVEL: STAFF

GOAL: **#2** Understand state and federal regulations in regard to the IEP.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will value the IEP and respect the spirit of its development process.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Review process regulations in relationship to parents.	1. Transparency (S-T8) Handout (S-H2 in previous section) O.D.E. Division of Early Childhood Education Monograph No. 4	1. Be sure to discuss how these regulations might accommodate for diversity within the population (e.g., ability, cultural, racial, religious, gender, etc.).

S-T8

PROCESS REGULATIONS

1. Parents notified of IEP conference
   a. Purpose
   b. Time
   c. Location
   d. Who will attend?

2. Informed early enough to ensure an opportunity to attend.
   a. Scheduled at mutually agreed time and place.
   b. Conference by phone if parents cannot attend.
   c. Written oral communication in appropriate language level.

3. If IEP conference held without parents:
   a. Have on file signed waiver by parents.
   b. Documentation of at least two attempts (detailed).
   c. Must get parental consent before placement.
   d. Copy of IEP to parent.

Source: Advisory Memorandum P.L. 94-142, Frank New, April 7, 1988.

GOAL 3

IEP

LEVEL: STAFF

GOAL: **#3** Recognize that the IEP is one component of a comprehensive service delivery system.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will describe aspects of program delivery which are not addressed by an IEP.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity List issues not identified in the IEP yet, have a direct impact on the delivery of services for any child.		1. Examples might include: • Attitudinal Barriers • Daily Communication • Conferencing • Ongoing assessment and evaluation of objectives • Determinate of quality of program • Adequate support for regular education.
2. Large group activity Review answers generated in small group.		2. If participants do not automatically address the issue of diversity in the population (e.g., ability, cultural, racial, religious, gender, etc.) ask them to consider how it might impact on service delivery.
	Supplemental Resources IEP Evaluation Instrument developed by San Francisco State University under contract award #300-82-0365.	

LEVEL: STAFF

GOAL: #3 Recognize that the IEP is one component of a comprehensive service delivery system.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will describe the full range of service options available to children with special education needs.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Role play.	1. Handout (S-H5) Role Playscript	1. Select either scenario one or two to role play. 2. Ask for volunteers to play the various roles and give each individual a copy of the script to review. (You may want to do this over a break.) 3. Conduct the role play. 4. Discuss the issue of service options. Highlight — • Continuum of service • Not regular vs. special • Ongoing evolution • Frequency and intensity of service based on individual needs of student. • Desired outcome: full participation with typically-developing children.

SCRIPT

1. This role play shows IFSP–IEP transition and IEP in ECSE to IEP in public school transition for one child who will age by more than three years in the process.

2. Service cascade/Handout.

Student: Seth Lapinsky

Scenario 1:

Seth is a child with Down Syndrome who has been in an early intervention program. This MFE team meeting is to transition Seth from Early Intervention Services to Early Childhood Services within the Public School.

(MR/DD Admin.) — We're here to discuss the transition planning for Seth to enable him to go from our MR/DD facility, Early Intervention Services to the Public School Early Childhood Program for Children with Disabilities. Diane, would you please review the results of your testing.

(Psych.) — Seth displays documented deficits in the areas of cognitive functioning, adaptive behavior and communication. KABC MPC 57, Vineland Composite = 61, communication = 52, socialization = 54. Language assessment revealed limited spontaneous speech and gestures to indicate wants. The evaluation was conducted in a variety of settings and Mrs. Lapinsky was involved with some of the observations and interview process. Seth is eligible per current rules and new rules for preschool children with disabilities.

(Teacher) — Seth uses gestures to tell his wants and needs, we have contrived interactions with typically-developing peers in order to get communication skills to develop. He is beginning to cooperate in using the potty, he washes his hands with some physical prompts and drinks with some spilling from a small cup. Mrs. Lapinsky and I have communicated extensively through notes, phone calls and personal visits to discuss Seth's progress and activities for her to carry out in the home.

(Admin.) — Based on the results of this evaluation, the team has determined Seth to be eligible for preschool services for children with a disability. Previously he was served as a child who was at-risk. The public school system has a different set of rules to evaluate children and determine if they qualify for services as a preschool child, ages three, four, and five. If Seth would not have qualified as a child with a disability, I would discuss a preschool program for at-risk or typically-developing children as a placement for Seth.

(Mrs. Lapinsky) — So what does this mean? Where will Seth go to school?

(Psych.) — Although I'm not the district representative, this is what we discussed prior to my coming here. Mrs. Lapinsky, we see five options: a segregated class (disability only) at Oak Street School, a center-based class with typically-developing peers at Pine Ridge School, a center-based class in a community-based preschool with an itinerant teacher and itinerant services in your home. Speech therapy would be provided at any of these.

(Mrs. Lapinsky) — What about PT and OT? He was given PT and OT services for his early intervention services.

(Psych.) — He does not qualify for PT or OT because his motor delays do not have an adverse effect on normal development and functioning.

(Mrs. Lapinsky) — OK. So you're saying that Seth does not qualify for PT or OT, but he does qualify for speech therapy. I want him to be in a typically-developing class. Who is going to pay for transportation or will he be able to ride a school bus? Will the therapist pull him in to another room to work with him? And what about aesthetic appreciation? Doesn't he have a documented deficit in that?

(Teacher) — I see the speech therapist working very nicely with Seth in the typical environment to develop his language skills rather than pulling him into an isolated setting.

(Psych.) — We don't have any buses for the preshcool children to ride. We pay the parents to transport their children. The speech therapist works with the children within the classroom. We think that it's important for the child to develop speech and language naturally within the classroom setting.

(Admin.) — Aesthetic appreciation is addressed through the curriculum — it's not a "deficit." Did you bring the IEP that was written for Seth? We had planned on Seth coming back to the MR/DD preschool program and we wrote an IEP that would reflect goals we would have for him there.

(Mrs. Lapinsky) — Wait! I thought IEP's were developed at the conference and so I threw that IEP away. I'm really glad that I did that because I didn't know that we had all these options. I'm really excited to have all these options to choose from and to have Seth with his normal peers to make friends.

(Admin.) — I'm sorry, I didn't realize all the options either or that you wanted Seth with other kids.

Scenario 2:

Seth has now turned six and is being transitioned from a preschool program for children with disabilities into a public school, school-age program. The re-evaluation was done as required by law every three years.

(Dist. Admin.) — (review criteria 0-2 suspected disability at risk, 3-5 preschool). Based on the re-evaluation data, the assessment team has determined that Seth qualifies for a DH program with speech therapy according to Blue Book rules. Diane explain the testing.

(Psych.) — Seth attained KABC MPC = 64, Vineland = 67 composite, communication = 69, socialization = 70.

(Teacher) — Seth has learned some one-word responses, some occasional phrases which are intelligible within structured settings, more consistent use of meaningful gestures. He parallel plays with peers but he also gives and takes some toys with peers and uses gestures for "please" in those situations. The speech therapist worked within Seth's integrated program to develop his language and this has been marvelous.

(Admin.) — I'm involved with the preschool program but also with the public school-age program. We have a DH class in your school district at Center Park which is not Seth's neighborhood school. I have checked on transportation and it would be a 45-minute bus ride for Seth to attend the DH class.

(Mrs. Lapinsky) — I really don't want a 45-minute bus ride. I know the Center Park building and it's only a 10-minute ride if I take Seth there. But I'm really concerned with Seth being integrated with his peers. That's very important and I understand from his preschool program that this works well for Seth.

(Teacher) — I strongly support your wish for having Seth in an integrated program or mainstreamed in the regular education classroom. I also strongly feel that Seth needs special education services for support and to develop his functional academic skills.

(Admin.) — I know that we would reimburse you for transporting Seth to school. We also have the option of having small group instruction within Seth's neighborhood school building, but this is not a reimbursable cost to the district.

(Psych.) — Is small group instruction or tutoring really the most appropriate education for meeting Seth's needs?

(Teacher) — I again feel strongly that Seth needs to be mainstreamed but also needs classroom placement and services. I really believe he needs more services than tutoring based on the experiences I've had with Seth in our center-based classroom.

(Mrs. Lapinsky) — I will provide the transportation but I still want integration and lots of integration.

(Admin.) — Are you thinking of having Seth in a full-day program or a half-day program?

(Mrs. Lapinsky) — I thought kindergarten was only a half day.

(Admin.) — What we can offer is a half-day class in the kindergarten and then a half-day class in the DH class. This means a full day for Seth.

(Mrs. Lapinsky) — That sounds great. I think Seth will be able to handle a full day of class everyday.

(Admin.) — How about if we put Seth in the morning kindergarten class and in the DH class in the afternoon. We can also put a review date on the IEP of October 25 to be sure we review the placement. That way we can be sure Seth can handle the full-day class and also to be sure he is able to function within the regular kindergarten classroom. We can also check to be sure he needs the special education class rather than only tutoring. Does this sound good to everyone on this team?

(Everyone shakes head yes and says yes).

LEVEL: STAFF

GOAL: #3 Recognize that the IEP is one component of a comprehensive service delivery system.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will value the mandates as assurances that services are available to all children with disabilities and appreciate their historical foundation.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss the role played by various agencies in the development of the laws and how these laws protect the rights of young children with disabilities.	**Supplemental Resources** P.L. 94-142, EHA, I.D.E.A. 99-457	1. May be of interest to participants that Lowell Weicher (Former Connecticut Governor) spearheaded move for law and is the father of a child with Down Syndrome.

GOAL 4

IEP

LEVEL: STAFF

GOAL: #4 Recognize the importance of an integrated IEP.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand the difference between integrated IEP's and ones that are not integrated.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity List characteristics of an integrated IEP.	1. Transparency (S-T9) *Definition of Integrated IEP*	1. Show participants Transparency and discuss definition. Have participants break up into small groups to identify characteristics of an integrated IEP. Example a. No isolated therapy objectives b. Therapy concerns are addressed within the context of developmentally appropriate play activities which may affect the condition specified on the objectives.
2. Large group activity Discuss result of small group activity.	**Supplemental Resources** Sample IEP forms *Resources for teaching children with special needs.* Penny Low Deiner, (1983).	2. Have participants discuss their list in the large group setting. Encourage them to identify how diversity issues might influence this aspect of IEP development (e.g., diversity in home environment). These could be shared through a Transparency. Make sure participants realize that these are only examples and are not for adoption.

DEFINITION OF INTEGRATED IEP

An ***Integrated IEP*** is one in which all objectives, including those defined for related service therapies (e.g., speech/language therapy, physical therapy, etc.) are written within the context of educational domains (e.g., communication, sensorimotor, cognitive, etc.)

Objectives reflect not only the child's needs in specific developmental areas but also the "whole" child in relationship to his or her environments.

LEVEL: STAFF

GOAL: **#4** Recognize the importance of an integrated IEP.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will develop integrated IEP objectives and activities.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Using the case study from Goal 2 — Skill Objective Activity (S-H2) have participants generate several integrated objectives (Handout S-H2).	1. Handout (S-H2)	1. Have participants generate several integrated objectives for the case study provided previously S-G2. Discuss results with the large group.
2. Large group activity Discuss the issue of Integrated activities.	2. Handout (S-H6) *Activity/IEP Based Lesson Planning* **Supplemental Resources** Use the Ohio Early Childhood Curriculum Guide (1991) in discussion of developmentally-appropriate practice.	2. Review Handout S-H6 and discuss. Help participants evaluate their own classroom to see if they are providing an integrated inclusive environment.

S-H6

ACTIVITY/IEP BASED LESSON PLANNING

Robin Schaffer
Dee Dee Dransfield
SEO-SERRC

Planning instructional activities for preschool children with special needs should consider the following:

Activities should be fun and interesting.

Activities should be developmentally appropriate and functional.

Activities should allow for child choice and initiation.

Activities should promote interaction and turn-taking when possible.

Activities should be appropriate to the environment (home, special class, typical preschool).

Activities should be able to address a wide variety of learning needs.

An effective planning strategy we have used involves summarizing each child's IEP goals on a worksheet which is then duplicated. These worksheets can be used in the following ways:

1. One toy/activity can be used to generate teaching ideas for each of a child's IEP goal statements. This is especially good for one to one instruction in a home setting. For small groups, a general plan can be made and individual children's sheets attached including their individual goals/needs for that activity. For groups, a broader activity such as a sand/water table or building toys is preferable while for an individual child a specific toy might be listed. (See Duplo Farm set attachment.)

2. A set of activities or the typical activities during a full day's classroom routine can be the basis for completing the worksheet. In this instance, each child's sheet can represent the IEP-directed activities related to each major schedule area for a week of instruction. This might include circle time, free play, outdoor or gym play, care routines, snack/lunch, etc. A schedule can be attached to a set of sheets, one for each child and can compose the weekly plan. This type of classroom planning can allow a teacher's aide or volunteer to work with any child and to focus on the appropriate behaviors.

3. The sheet can be filled out to suggest activities for parents to follow-up what has been done in instructional sessions. For parents, only two to three follow-up activities are suggested. More are filled out for information purposes.

4. A revised IEP goal sheet can be completed on a monthly basis by a team of professionals and parents working with the child. This is especially useful for a multiply-handicapped child. In this way, cross disciplinary efforts can be enhanced and all professionals and parents can focus on the same activities related to each IEP goal, addressing those goals according to their own area of expertise.

   The attached form includes the major activities taking place with the child during the day and the four main IEP long range goals. Professionals can then suggest ideas for parents and one another to incorporate goal-directed activities into these daily routines.

TYPE 1 — Based on Single Toy/Activity

DUPLO FARM SET
IEP GOAL/LESSON FOLLOW-UP
1990-1991 4-Year-Old Girl — with Developmental Handicap

1. **New Vocabulary**

Nouns Locations	Verbs	Concepts	Attributes	
barn	ride	red	in	fast
fence		blue	out	slow
farmer		yellow	under	long
animal			top	short
people			bottom	
			behind	

2. **Follow two-step commands**

   Put the cow in the barn and the sheep in the truck.

   Give two commands with pause and cue by pointing to toys.

3. **Respond to WH questions**

   Who wants to ride?
   Where is the horse?
   What's the cow doing?
   What's in the barn?
   etc...

4. **Increase MLU**

   Model language-cue her by pointing to toys and gesturing when she's telling her Mom what she did. Have her dictate a story to go with animal pictures.

5. **Use language**

   give information, greet, request, refuse, comment

   Set up conversations with people and animals to practice above. (Where's the horse?, Bye — see ya later., Can I have a cookie?, No, don't ride on me., You're going too fast.)

6. **Throw and catch**

7. **Copy line, circle, cross, M**

   Copy lines for road.
   Circle for cookies.
   Put M on papers with animal pictures.

8. **Cut straight and curved line**

   Cut out hot dogs, cookies to feed animals.

   Cut along lines to make a road for tractor to drive on.

9. **Attend to teacher-initiated activity**

   Draw animals naming body parts, taking turns coloring parts.

10. **Take turns**

    Use words "my turn," "your turn" with activities with barn she likes best.

11. **Show and tell**

    Have her tell Mommy about the farm set when we're done playing.

    Have her keep pictures to tell Daddy or her brother later.

12. **Take out put away toys**

    Take out toys by teacher pointing to pictures on box and child finding toy. Put away same way.

TYPE 1 — Based on Single Toy/Activity

DUPLO FARM SET IEP GOAL/LESSON/FOLLOW-UP 1990-1991 3-Year-Old — Hearing-Impaired Boy

1. **Alert to sounds**

   Stop activity for any loud sound — say "Listen" and then find sound source. Ask Mom to play loud instrument occasionally during play.

2. **Locate sounds**

   Sign "Where" and attempt to get him to look for sound source.

3. **Sign vocabulary**

   Model — cow, pig, chicken, boy, fall, sleep, eat, ride/demand use of — open more, go, truck, — to get and use horsie toys.

4. **Speech reading**

   Bring toys up to face level to bring attention to lips. Pretend to eat, moving mouth in funny ways.

5. **Speech**

   Attempt to get imitation of "moo" for cow and "ba ba" for sheep.

   Imitate child's sounds-use vroom for truck.

6. **Copy line and circle**

   Draw lines on paper to make a road for truck.

   Draw big circles to make pens, pond (water), etc. and little circles to make cookies.

7. **Cut snips**

   Cut hot dogs or cookies for people to eat when they're seated at the table.

8. **Draw face**

   Draw pictures of animals in the set. Have him help draw the face.

9. **Model adult and peer**

   Model new ways of playing with the toy. Put animals in barn, in fence, on top of barn, in truck, have people ride animals, etc. Have brother play part of time.

10. **Sort by color and shape**

    Sort by color as #11. Match toys to pictures on box — find pieces needed by matching shapes to pictures.

11. **Recognize four colors**

    Matching — red, yellow, blue blocks — sort by color before putting on conveyer belt.

12. **Show 1:1 correspondence**

    Give one cookie to each animal.

    Put one chicken on each animals back.

TYPE 2 — Based on Daily Schedule

HEADSTART DAILY SCHEDULE

- 8:30 – 9:00 — Self-Care/breakfast
    - bathroom
    - hand-washing
    - serving self
    - eating
    - cleaning up
- 9:00 – 9:30 — Gross Motor Play
    - gym or outdoors
- 9:30 – 9:45 — Self-Care
    - brushing teeth
- 9:45 – 10:45 — Free choice time in designated play area
    - puzzles/pegs/small building things
    - blocks and vehicles
    - housekeeping
    - art-coloring/cutting/painting
    - playdoh
    - special-science, sand/water
- 10:45 – 11:00 — bathroom
    - washing hands
- 11:00 – 11:30 — Circle time
    - fingerplays
    - stories
- 11:30 – 12:00 — Lunch
    - serving self
    - eating
    - clean-up
    - get ready to go home

TYPE 3 —

DUPLO FARM SET
IEP GOAL/LESSON FOLLOW-UP
1989-1990 4-Year-Old — Visually Impaired Boy

1. **Tell about experience**

   Try having Pat tape record himself telling about an experience while you're doing it or right after — like going to McDonald's. Play the tape right before Daddy comes home to help Pat practice what to tell.

2. **Name things in categories**

   When Pat is hungry — Ask him what he wants to eat and drink. When you go to the store — Ask him to help decide what to get. Tell him time to get dressed. — Ask what he wants to wear. Ask what toys/animals/etc., he wants to play with.

3. **Identify person/object by description**

   Try playing very simple — "I SPY."

4. **Increase vocabulary**

   Concentrate this week on names of foods he's eating — emphasize touch, smell, taste, type of container they come in.

5. **Increase sentence variety**

   Try to model sentences in language plan marked for this week.

6. **Follow two-step commands**

   Work on one-step for now — try to include the location words he knows. "Put the cup *on* the table."

7. **Print PAT same letters**

   Help Pat practice printing P with coaching (make a stick — now a balloon on top) on the screen board.

8. **Open and close fasteners**

   Try to plan a few times when Pat has lots of time to dress and can practice on his own with fasteners.

9. **Cut on raised line**

   We'll work on this next time.

10. **Functional play**

    Try to show Pat a new thing or two to do with his musical set this week.

11. **Take out/put away materials**

    Store materials and toys in the same place as much as possible and in the same containers. Let Pat get them out and put away.

12. **Tell what he can buy with money**

    Whenever you are out — talk about what you're buying with money. Help him pay sometimes or use change in a vending machine.

S-H6

TYPE 4

Self-Care	Recreation	Communication	Mobility	
				Dressing
				Feeding
				Bathing
				Play
				Travel

BEING A GUEST IN A TYPICAL CHILD CARE CENTER

DO'S AND DON'TS

DO'S

1. DO remember you are in another teacher's classroom. Ask for a general routine and plan ways you can address IEP goals *within* that teacher's program.

2. DO recognize that you are working with agencies whose goals and guidelines may be different from those of schools. Headstart, for example, uses IEP's based on different criteria for handicapping conditions. Do try to learn their system and cooperate by getting releases to share information and participating, when possible, in meetings with child care staff.

3. DO be flexible. It's important for the children you are serving to be fully a part of the program they attend. You may need to change visit times or days to work around field trips or special events.

4. DO limit the time you work with children separately one to one. Try to spend some time within the classrooms *facilitaling that child's integration into a typical center.*

5. DO socialize a little with child care staff. As in any setting, a positive relationship is important to working together for a child.

6. DO make a concerted effort to compliment child care staff on things they are doing and especially on progress you see in the children you work with. Recognize that credit for progress is a shared thing.

7. DO try to incorporate other children into what you are doing within the classroom if it does not disrupt the planned activities.

8. DO try to be sensitive to the primary concerns of child care staff. Behavior might be a legitimate issue in that setting even if it is not in another setting. Issues which are not necessarily on the IEP might be important to help that child be successful in that environment.

9. DO respect other people's space by moving furniture back and replacing materials and by being willing to be flexible if they need that space.

10. DO be a good team member. Each member of the team has something to offer; the teachers, speech therapists, aides, bus drivers, etc. Try to meet and make time to talk occasionally with each person. Seek their ideas and advice. Include them whenever you can in your planning meetings.

DON'T

1. DON'T assume a supervisory role, giving directives to agency staff.
2. DON'T allow yourself to compare programs to school programs. The goals of various child care programs may be different but just as legitimate.
3. DON'T set up activities within a classroom that compete with or draw other children away from what the teacher has planned.
4. DON'T give advice unless you are asked about how the class operates and how other children function. When giving suggestions about the children you work with, do so in a way that respects the other professionals' ideas and abilities.
5. DON'T let differences in educational levels set you apart from child care staff. Work hard to build mutual respect based on caring about kids.
6. DON'T forget to inform child care staff when you will not be there as scheduled.
7. DON'T miss an occasional chance to add something to that child care center's operation. If you can tell stories or do a special holiday project, offer to be part of their program once in a while.
8. DON'T be a team leader. Be a team member.

PRESCHOOL SUPPLIES — ITINERANT TEACHER

TESTS

1. DIAL-R — order form attached and activity cards
2. Birth to Three — *DLM* (1-800-527-4747)
3. Bayley Scales of Infants Development — The Psychological Corporation, Page 16
4. Bracken Basic Concept Scale — The Psychological Corporation, Page 6
5. Vineland Adaptive Behavior Scales — The American Guidance Service Intervention — blue, Page 59
6. Yellow, Brigance — Curriculum Associates Materials, Page 78
7. Burk's Behavior Rating Scale — Western Psychological Services, 12031 Wilshire Boulevard, Los Angeles, California 90025

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1. Marbleworks — *Discovery Toys*, Page 383
2. Discovery House — now availáble at toy stores
3. Doll — *Childcraft,* Page 87-89 and some clothes
4. Nest & Stack Set — *Childcraft* #154526, Page 70
5. Playmats & Vehicles & Signs — *Childcraft,* Page 31, any combination
6. Tyco Blocks — *Childcraft* #154427, Page 34
7. Vehicle Lotto — *Childcraft* #43075, Page 116
8. Games — *Childcraft,* Candyland, Page 147
9. Books — *Childcraft,* Pages 124, 125, 126, 127 — about 10
10. Fisher Price Sets — From local toy stores, garage sales, etc.
11. Tableware — *Childcraft,* #107573, Page 71
12. Puzzles — would be nice to have about six puzzles, *Childcraft* #151449, Page 153; *Childcraft* #46151 and 141507, Page 106; and *Childcraft* #79509, Page 93
13. Messy Play Tray — *Childcraft* #19695, Page 163
14. Magnetic Marbles — *Childcraft,* Page 136

15. Jumbo Stringing Beads — *Childcraft*, Page 102
16. Number Pegboards — *Childcraft*, Page 132
17. Counting Box — *Childcraft*, Page 132
18. Interlocking Cubes — *Childcraft*, Page 132
19. Rhythm Band Set — *Childcraft*, Page 155

CURRICULUM GUIDES

1. Ski-Hi — for Hearing Impaired Preschool — from Ski-Hi Catalog, attached.

2. Insite for MH Preschool — from Ski-Hi Catalog, attached.

3. Mathematics Their Way, Work Jobs 1 & 2 and Work Jobs for Parents, Page 16, *Addison Wesley,* Mary Barassa-Lorton

4. Brigance Readiness Curriculum, *Curriculum Associates,* Page 83.

Communication

1. Signing Book, *The Joy of Signing,* Lottie Riekehof, #SL018, $14.95,
   National Association of the Deaf
   814 Thayer Avenue
   Silver Spring, MD 20910

   Tapes

   1. Look, Hear, *Childcraft* #95307, page 114
   2. Simple Story Tapes
   3. Sign Language Videotapes, if you want these for future use — from Ski-Hi — about $300 for 20.

   Gross Motor

   We tend to work outside on playgrounds for this but you should get a tricycle, ball, bowling set, beanbag set, etc., if you want — from *Childcraft.*

Catalog No. 110304, DIAL-R Assessment Kit. Includes consumable products needed to screen 50 children. Price $189.95, *Childcraft,* 20 Kilmer Road, P.O. Box 3081, Edison, New Jersey 08816-3081.

Catalog No. 142042, DIAL-R Activity Card System. Price $49.95. *Childcraft,* 20 Kilmer Road, P.O. Box 3081, Edison, New Jersey 08816-3081.

Expendable Materials — *Childcraft* Catalog

1. Any arts and crafts sets

2. 25 sheets white posterboard

3. Two packages large construction paper — colored, *Childcraft,* Page 165

4. Finger paint — one box and large brushes (two)

5. Playdoh — eight containers and clay design set, *Childcraft,* Page 169, any set of dishes, rolling pins, etc.

6. Jumbo Crayons, three boxes, *So Big,* Page 161

7. Jumbo Pencils, six

8. Scissors — right, left and helper scissors, four pairs, *Childcraft,* Page 166

ADAPTATIONS OF TYPICAL PRESCHOOL ACTIVITIES FOR HEARING-IMPAIRED CHILDREN

Robin Schaffer
SEO-SERRC

1. Story Time

Stories read or told need to include gesturing, acting, and/or signing. Pictures should be shown before and after text is read to help the child comprehend through speech-reading and listening as well as signing. Seeing the picture first allows the child to guess words/meaning correctly from incomplete information. Active involvement as in giving each child a flannel board figure to bring up at the appropriate time helps hold attention, enhance comprehension and show sequence of events in a visual way.

The text may need to be altered to use more short sentences and simpler sentence structure and vocabulary. If a hearing-impaired child did not understand the text read on a page, it is often best to tell that part again in different words rather than repeat/re-read it because the problem with comprehension may be that the child doesn't know the vocabulary or is unable to speechread the sounds in the word. Pointing to a picture or flannel figure to emphasize particular vocabulary words may also be helpful.

It is important that visual aids not prevent the child from looking at the reader's face when he/she is talking. Lots of cues to "look at me" are usually needed. Sometimes pictures need to be shown before and after talking but covered during talking.

Retelling of the story by the kids is a great comprehension activity using the pictures, flannel board figures, or other props. The story can be acted out by children with assistance. The re-told story can be written in the children's language on a large sheet of chart paper and the kids can help to draw pictures or color simple drawings by the teacher. Xerox copies of simple pictures from the book can also be used for this.

After reading a story several times, the story in the book or the chart retelling can be used for review and practice with listening and speechreading. The teacher can say and sign a sentence and have the child point to the picture or just say without signing for speechreading practice. For children who can discriminate speech auditorily, the teacher can say the sentence with her/his mouth covered if appropriate for the child's program.

2. Introducing Toys

A group demonstration/activity with a new toy can allow the hearing-impaired child to learn vocabulary associated with the toy and also learn a variety of ways to play with a toy.

Pieces of a toy can be given to each child. The teacher can tell a story or give directions and let each child take a turn.

For example, with a school and playground Fisher-Price little people set, each child could put a toy person using their name on the school bus and then place or move their toy according to teacher direction, "Molly wants to swing." "Oops, she fell down." "Molly is hurt." "Give Molly a hug." The child can also initiate activity with some teacher direction, "Where's Molly going?" "What does she want to do?", etc. The teacher can offer some ideas if needed to allow for demonstration of lots of play activities, like playground play, eating lunch at school, going to the doctor, etc.

When the children are playing independently with the toy, the teacher can facilitate play to allow practice with vocabulary and varied play activities.

3. Art Activities

As with play activities, structured art projects such as pasting a picture or pattern, making hats, making gifts or ornaments can be done as a group project first with children taking turns and vocabulary as well as steps to take in the art project can be reinforced. Language experience stories can be written about doing the project, using children's names and new vocabulary. A variety of sentence structures can be used in the language experience stories depending upon language level of the children. Follow-up activities with the language stories can be done as discussed above. Copies can be made on ditto for children to take home.

Following the group art project, each child can make her/his own with the teacher reinforcing vocabulary and asking questions to allow children to practice using the vocabulary and new sentence structures.

4. Group Language Games

Classifying games like Lotto would be helpful in improving categorizing skills. Another good game involves using a large box of miscellaneous objects. A child chooses an attribute like red and puts a red object in the center of the circle of children. The next child chooses an object he/she thinks goes with that one and puts it in. The first says yes or no. At the end, the child tells the attribute. Children usually need lots of coaching with this at first to figure out what attributes they could pick: color, size, things you write with, things that cut, animals, things you eat with, etc.

Another good classifying game involves bringing in familiar containers (lunch box, suitcase, shoe box, toy barn, toy house). Bring a basket of assorted objects/things that belong in each container, children can take turns selecting one and placing it in the correct container, with the adult reinforcing the category, e.g., "yes, a cookie is a food — it goes in the lunch box." This game can be made more fun by adding things that clearly don't belong in any of the containers, having adults make absurd guesses, or using a blindfold for the child selecting the object.

Simple charades using pictures can help develop new vocabulary and reinforce question comprehension and responding. One such game uses simple drawings of a person doing something such as running, jumping, hugging, washing, sleeping, etc. The teacher first reviews the pictures, having children take turns acting out a picture and asking the class, "What is _________ doing?" Next the teacher can show a picture to just the child who acts it out and then asks the class, "What is _________ doing?"

Mystery bag or box games have endless possibilities for developing vocabulary and skills in responding to questions. An interesting bag can be filled with items in separate containers. Children remove a container, open, and tell about or respond to questions about what they got. They may need to do something; for example, if the container includes paper with outlines and scissors or index cards and stickers to be put on and passed out to children in the class.

Follow-the-leader is another flexible game. The teacher can set up a sequence of activites in front of the group such as jump three times, put the red block in the box (given two or three other choices), climb under the desk. These sequences can involve activities to develop IEP goals in almost any area. Each child then takes a turn going through the sequence.

LEVEL: STAFF

GOAL: **#4** Recognize the importance of an integrated IEP.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will promote integrated IEP development.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss the benefits of an IEP which contains goals and objectives which have been developed across disciplines.	**Supplemental Resources** Family Ties	

IEP

GOAL 5

LEVEL: STAFF

GOAL: #5 Understand various IEP formats appropriate for young children.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will describe the strengths and weaknesses of various IEP formats.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Review three formats of IEP found in local L.E.A.'s.	1. Collect several IEP forms from local L.E.A.'s	1. Compare and contrast forms but be careful not to criticize.
2. List a variety of descriptors used to identify all necessary key components of an IEP.	2. Flip Chart	2. Refer to *Ohio Rules for the Education of Handicapped Child* first — then use common language. Need to talk about *strengths* and weaknesses of child — not deficits as means for facilitating mastery of objectives.

LEVEL: STAFF

GOAL: **#5** Understand various IEP formats appropriate for young children.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will demonstrate the ability to develop IEP goals and objectives which integrate information from various sources.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Review specific components of an IEP unique to preschool.	1. Flip Chart	1. Refer to *Rules for Preschool Programs* Highlight such things as – Stating "developmental levels" instead of educational performance. – Writing goals and objectives that match state defined developmental domains (e.g., cognition, motor, aesthetics, etc.) Record responses on Flip Chart or blank Transparency.
2. Large group activity Discuss destruction of records.	2. Handout (S-H7) Sample Notification of intent to destroy records. No. 7	2. Remind staff that records may be destroyed.

SAMPLE
NOTIFICATION OF INTENT TO DESTROY RECORDS

__________________________ Center

Dear Parent:

State Regulations allow schools to destroy personally identifiable data after the data are no longer needed to provide an educational program service for students. In accordance with these Regulations, we intend to destroy such data concerning your child ________________

________________________________ on __________________________________ ,
with the exception of the following data:

____

____

____

____

____

You have the right to obtain a copy of data in the record prior to its destruction. If you wish to exercise this right, inform the school in writing to ______________________________ ,

__________________________ , at ______________________________ not later than

___________________________ Positive Education Program records will be provided at the cost of duplication. Current cost may be obtained from the Administrative Assistant in PEP's Central Office.

Sincerely yours,

M. Lee Maxwell, Ph.D.
Associate Director
Chief Psychologist
Positive Education Program

The Positive Education Program is a service agency of the Cuyahoga Community Mental Health Board and operates under the auspices of the Cuyahoga County Board of Education.

DESTRUCTION OF PERSONALLY IDENTIFIABLE DATA

The agency will inform the parents/guardians when personally identifiable information is no longer needed to provide educational services to the child. Prior to the destruction of data, reasonable effort shall be made by the agency to inform the parent of the agency's intent, so that parents/guardians may request copies prior to destruction.

The agency may retain personally identifiable data permanently unless the parents/guardians request that it be destroyed. The agency will remind parents upon such a request that the records may be needed by them or the child for Social Security benefits or other purposes.

Information shall be destroyed at the request of the parent/guardian, except a permanent record may be maintained without time limitation of the following information:

a. Student's name, address, and phone number
b. Attendance record
c. Child's grades and classes attended
d. Child's grade level and year completed

LEVEL: STAFF

GOAL: **#5** Understand various IEP formats appropriate for young children.

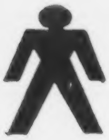
COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will promote teaming models which enable team members to develop integrated IEP's.

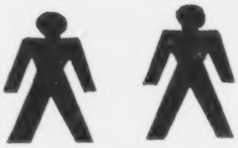
ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Identify the characteristics of individuals which contribute to successful development of an integrated IEP.	1. Transparency (S-T10) *Team Roles*	1. Following small group discussions have participants share their thoughts with the large group. Review Transparency S-T10.
2. Large group activity Discuss the typical team composition and alternatives.	2. Transparency (S-T11) *Staff Characterestics* Handout (S-H8) *Posttest*	2. Complete Transparency S-T11 with the large group. Complete Posttest
	Supplemental Resources McGonigel, J. J., Garland, C. W., 1988.	

S-T10

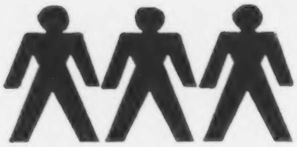
TEAM ROLES



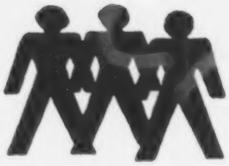
Unidisciplinary → Disciplines are autonomous



Multidisciplinary → Meet as a group but remain independent



Interdisciplinary → Separate disciplines focus on common problem



Transdisciplinary → Role release and "sharing" of disciplines

Source: Advocating Preschool Integration: Module 1: Protype Training Module for Early Childhood Education, 1990.

STAFF CHARACTERISTICS

DIRECTIONS: Name 10 characteristics you look for in a potential staff.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

1. How would these characteristics help them to function in a program utilizing teams?

2. How could they hinder it?

3. What additional characteristics would you look for when hiring staff specifically for a program utilizing teams?

PRETEST/POSTTEST IEP

1. A differentiated referral procedure may be undertaken prior to a referral for an MFE.

2. If a child is in a preschool program for children with disabilities and receives both speech therapy and occupational therapy, how many IEP's will the child have?

3. List the minimum participants/roles necessary for the development of the initial IEP.

4. List three activities or functions that require a school district to initiate and conduct an IEP meeting.

5. Select by underlining the activity that occurs first:
   (a) Placement of child
   (b) IEP development

6. If neither parent can attend a planning conference, list some alternative methods schools may use to involve parents in the development of the IEP.
   1.
   2.
   3.
   4.
   5.

7. List the nine required components of an IEP:
   1.
   2.
   3.
   4.
   5.
   6.
   7.
   8.
   9.

8. Select by checking the statements that reflect requirements in evaluation procedures:
   ______ (1) Tests should assess areas of development/functioning.
   ______ (2) Tests must be administered in the child's native language.
   ______ (3) I.Q. cannot be the sole criterion for placement.
   ______ (4) One person can administer the total evaluation.
   ______ (5) Evaluation may include medical evaluations.
   ______ (6) Structured observations, structured interviews and curriculum-based methods are optional.

9. How frequently is a school district required to determine the placement of a child with a disability?

10. When should an IEP be reviewed?

11. Can the short-term instructional objectives be developed after a child is placed in special education?

12. List the required participants/roles necessary for a periodic review.

PROJECT PREPARE

Modules for Competency-Based
Personnel Preparation in
Early Childhood Education

IEP

Administrator

GOALS

1. State the definition and understand the purpose of an IEP.
2. Understand state and federal regulations in regard to the IEP.
3. Recognize that the IEP is one component of a comprehensive service delivery system.
4. Recognize the importance of an integrated IEP.
5. Understand various IEP formats appropriate for young children.

GOAL 1

IEP

LEVEL: ADMINISTRATOR

GOAL: **#1** State the defiinition and understand the purpose of an IEP.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand the definition of the IEP and its purpose.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Discuss the definition and purpose of the IEP.	1. Transparencies (A-T1, 2 and 3) *Individualized Education Program* *Need for IEP* *Purpose of IEP* **Supplemental Resources** IEP Resource Guide COSERRC Monograph Lowenthal, B. (1979), IEP Purposes and Implications *Young Children*	1. Administrators want short, snappy presentation. No fluff.

"INDIVIDUALIZED EDUCATION PROGRAM"

(IEP) means a written statement for a handicapped child that is developed and implemented in accordance with paragraph E. of rule 3301-51-02, of the Administrative Code.

Source: *Rules for the Education of Handicapped Children* Chapter 3301-51 ORC 1982.

NEED FOR IEP

1. Legal requirement
2. Good educational practice
3. Helps administrators and teachers plan
4. Vehicle for increased parent involvement

II. PURPOSE OF IEP

There are two main parts of the IEP requirement, as described in P.L. 94-142: (1) the IEP meeting(s) at which parents and school personnel jointly make decisions about a child's educational program, and (2) the IEP document itself, which is a written plan of the decisions reached at the meeting. The overall IEP requirement, comprised of these two parts, has a number of purposes and functions.

Source: P.L. 94-142.

LEVEL: ADMINISTRATOR

GOAL: **#1** State the definition and understand the purpose of an IEP.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will describe the various components of an IEP.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss what an IEP is and is not; and review the components of the IEP.	1. Transparencies (A-T4 and 5) *What is an IEP?* *IEP Components* **Supplemental Resources** *Rules for the Education of Pre-school Children with Disabilities, Chapter 3307-31 ORC* Blue Book	1. Review information on Transparencies. Ask participants to consider why issues of diversity (e.g., ability, cultural, racial, religious, gender, etc.) needed to be considered in this IEP process and how they might affect various components.

WHAT IS AN IEP?

The Individualized Education Program (IEP) is a written statement of the educational program designed to meet the unique needs of an individual child with a disability(ies).

Two major parts of the IEP requirement:

1. The IEP meeting(s) at which parents and school personnel jointly decide a child's educational program; and
2. The IEP document itself, which is a written statement of the child's educational program and related services.

IEP is not:

1. A course of study
2. A lesson plan

IEP provides:

1. Measure of what the child should achieve.
2. How it is to be achieved.
3. When and if child's program needs to be adjusted.

Source: IEP Module Central Ohio SERRC.

IEP REQUIRED MAJOR COMPONENTS

1. A statement of the present levels of development/ functioning ...
2. A statement of annual goals ...
3. Including short-term objectives ...
4. A statement of the specific special education and all related services to be provided to the child ...
5. And the extent to which the child will be able to participate in regular education programs ...
6. The projected date for initiation ...
7. And anticipated duration of such services ...
8. Appropriate objective criteria, evaluation procedures, schedules for determining (at least annually) if achievement and placement are appropriate ...
9. Least Restrictive Environment.

OTHER COMPONENTS WHICH MAY BE INCLUDED IN IEP

1. Child's name and birthdate.
2. Area(s) of disability.
3. Educational placement.
4. Physical location of child's special education program and related services.
5. Names and titles of persons participating in the conference.
6. Date of conference in which IEP is developed.
7. Parent's waiver of his or her right to notification of placement by certified mail.
8. Parent's consent.

LEVEL: ADMINISTRATOR

GOAL: **#1** State the definition and understand the purpose of an IEP.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will value the IEP in relation to program delivery.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss how the development of IEP behavioral objectives serve as the special education core curriculum in the child's area of disability. Discuss where services are provided (e.g., early childhood special education unit headstart program, etc.) and proportion of time devoted to integrated and/or other service delivery options.		1. You may wish to use good IEP's from district, as examples during this discussion. Be sure to note how objectives can reflect sensitivity to other types of diversity (e.g., ability, cultural, racial, religious, gender, etc.). Talk about districts being responsible for best practice philosophy and how that might influence beliefs about L.R.E.

GOAL 2

IEP

LEVEL: ADMINISTRATOR

GOAL: #2 Understand state and federal regulations in regard to the IEP.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand the theoretical constructs and spirit of the legislative mandate regarding the IEP.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss the process and product provisions of the IEP. Discuss the intent of I.D.E.A. and its implication for IEP for young children.	1. Handout (A-H1) *O.D.E. Rules Implementation Monograph No. 4* Transparencies (A-T6 and 7) *I.D.E.A.* *Process in Development* **Supplemental Resources** Linder, Toni W. *Early Childhood Special Education* Summers, J. A., Dell 'Oliver, C., Turnbull, A. P., Benson, H. A., Santelli, E., Campbell, M., and Seigel-Causey, E., 1990. Examining the individualized family service plan process: What are family and practitioner preferences? Families First	1. Review Monograph with participants. Highlight mandated requirements.

Ohio Department of Education
Division of Early Childhood Education
Rules Implementation
Monograph No. 4
(Draft 3/91)

DEVELOPING INDIVIDUALIZED EDUCATION PROGRAMS (IEPs) FOR YOUNG CHILDREN WITH DISABILITIES

An IEP (Individualized Education Program) conference is held for each child within 30 days after the child is determined to be eligible for early childhood special education and related services. The IEP conference participants will determine the nature and degree of special education needed, if any, and will summarize the information, discussions, and decisions made concerning a child's developmental/educational needs. A wide array of individuals who have specific expertise or information about a child will be involved in the development of the IEP. The IEP should reflect the continuity of the special education process steps to this point and integrate all information gathered during the process.

The IEP meeting should promote positive communication between parents and school personnel, and foster an atmosphere of equal partnership in the child's program. The IEP itself is an instructional management tool that will ensure appropriate services. It will commit the resources necessary to the resolution of differences outside of due process. The IEP will also serve as a basis for evaluating student progress by describing instructional goals and objectives.

The IEP conference is a team approach. Both parents and special education personnel may be listed as the implementers of the IEP. Development of the IEP is by definition a collaborative activity between school and parents. Simply signing the IEP is not an indication of collaboration. Meaningful involvement in the IEP development process provides an excellent foundation for continued parental-professional collaboration. To be effective, all team members should share the decision making process.

The participants of the IEP conference must include the following, one of whom must be designated as chairperson:

- A person, other than the child's teacher, who is a representative of the school district and who is qualified to provide, or supervise the provision of, special education (i.e., building principal, director of special education);
- The child's teacher;
- One or both of the child's parents;
- Other individuals at the discretion of the parent or agency (i.e., related services personnel, other service providing agency personnel); and
- A member of the evaluation team or a representative of the school district, the child's teacher, or some other person who is knowledgeable about the evaluation procedures used with the child and is familiar with the results of the evaluation.

The IEP conference participants are responsible for the following:

- Reviewing the multifactored evaluation team report;
- Determining the nature and degree of special education intervention needed, if any;
- Developing an IEP for a child determined to be in need of special education; and
- Determining the least restrictive environment in which the special education intervention is delivered.

The remaining portions of this monograph summarize the major areas of information that IEP team members need to consider when developing IEPs for preschool-age children. A sample IEP format appropriate for use with this population of children is included in Appendix A. This format may be used as is, or modified to meet idiosyncratic program needs and characteristics.

Development of the IEP

A statement of the present levels of development/functioning of the child. This information will be gleaned from the multifactored evaluation team report, the components of which are outlined in Rule 3301-31-02 (H) and include:

- Documentation of all assessment dates, procedures, and results;
- Documentation of the area(s) of documented deficit; and
- Description of observed behavior in the area(s) of deficit as compared to typical behavior of same-age peers.

Included in this summary should be the area(s) of development/functioning affected by the child's disability, including both strengths and needs.

A statement of annual goals, including short-term instructional objectives. There should be a direct relationship between the statement of present level(s) of development/functioning of the child and the annual goals. There should be more than one objective for each annual goal, and there should, of course, be a direct relationship between goals and objectives.

Care should be taken to ensure that annual goals and short-term objectives reflect principles of developmentally-appropriate practice. It may be helpful to translate how these goals and objectives can be appropriately implemented within the daily activities that take place within an early childhood setting that incorporates the basic principles that underlie developmentally-appropriate curriculum.

A statement of the specific special education and related services to be provided to the child, and the extent to which the child will be able to participate in regular education programs. Once annual goals and short-term instructional objectives have been developed, the IEP team must consider how these goals and objectives can be most appropriately met including a determination of type of services that will be necessary to accomplish the goals and objectives, who will provide the needed services, and where the services will be delivered.

There are three major types of services that both preschool special education teachers and related service personnel may provide. They include *consultative services* (i.e., the service

provider consults with the early childhood education teachers regarding modification of the learning environments to meet individual learning needs, *indirect services* (i.e., the service provider facilitates the related activities within the natural learning environment of the early childhood education setting, or *direct services* (i.e., the service provider works directly with individual children within the early childhood education setting).

When determining who will provide needed services, team members should consider both *special education teachers and related services personnel.* In some cases, there may be goals and objectives for which service providers representing more than one discipline will be trained to address. As an example, a child with a documented deficit in the communication domain might receive services from a preschool special education teacher or a speech/language pathologist. Or a child with a documented deficit in the motor domain might receive services from a physical therapist, occupational therapist, or a preschool special education teacher. Related services for a preschool child with a disability may be considered a special education program if they provide specially designed instruction to meet the unique needs of the child and no other special education program is currently being provided to that child.

Preschool special education teachers and related services personnel may be delivered in a variety of alternative service delivery options as outlined in Rules Implementation Monograph No. 2. These options include *Itinerant services* (delivered in the home or public school/community-based program), and *center-based services* (delivered through shared classroom, enrollment of typical peers, mainstreaming, reverse mainstreaming, or separate class arrangements).

The IEP team participants should consider the strengths and needs of the child as well as the family when determining the least restrictive environment in which special education and related services will be delivered. The team should also identify the environment in which the child would be if no disability existed, and remove the child from that environment only when it has been determined that, even with the provision of supplemental aids and services, the individual goals and objectives cannot be achieved satisfactorily in that setting. Team members may want to ask the following questions when making decisions regarding least restrictive environment:

- Is it likely that this child will achieve stated goals and objectives with special education and related services provided in the child's environment(s)?

- Can the current environment be modified/adapted to meet the child's needs?

- Does appropriate implementation of this child's IEP require any/some removal of this child from the child's typical environment?

- If the typical environment can not be reasonably adapted so that the IEP can be implemented, what changes are necessary to implement the IEP?

Documentation of the extent to which the preschool-age child will participate in regular education programs is based on the ten hours per week (center-based) and four hours per month (itinerant) standard and defined as the extent of time spent in early childhood programs for typically developing children when compared to the percent of time spent in early chidhood special education programs. For example, a child enrolled in a public school preschool program and receiving special education services through an itinerant model two hours per week would spend 83% of time in regular education. A child enrolled in a self-contained early childhood special education classroom would spend 0% of time in regular education.

The projected date for initiation and anticipated duration of special education and related services. The IEP should document the date that special education and related services will be initiated. The statement of duration should represent the best estimate of how long the child will require these special education and related services. It is not meant to be a binding statement since it is reviewed at least annually, and can be revised at any appropriate time.

Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether short-term instructional objectives are being achieved and whether current services are appropriate.

This portion of the IEP must set forth and specify the criteria and evaluation procedures to accomplish several tasks:

- To determine whether or not each of the child's objectives has been (or is being) met;
- To specify how and when the service providers will review the child's performance;
- To determine whether or not current (or continued) services are appropriate; and
- Whether other services, options, or adjustments should be made.

In order to accomplish these tasks, there must be an evaluation procedure and criteria for *each objective written.* Only through well-developed procedures and criteria can the IEP team at the annual review actually determine if short-term objectives have been accomplished.

Additional information to be included. Following is a list of additional information areas that should be included on each child's IEP:

- The child's name and birthdate;
- The child's primary area(s) of deficit;
- The child's educational placement;
- The physical location of the child's special education program and related services;
- The names and titles of persons participating in the conference and the date of the conference in which the IEP is developed;
- The parent's waiver of his or her right to notification of placement by certified mail; and
- The parent's consent for placement in the recommended special education program and for the provision of any related services.

Review and Revision of the IEP

Evaluation of a child's progress is on-going and is part of the preschool special education teacher's lesson plans. A formal review and, when appropriate, a revision of a child's IEP should occur at least annually, but the process may be initiated at any time. A review of the IEP should occur:

- At the request of the parent;
- Prior to a child's moving to another school district or another program within the school district;
- When a child has accomplished the goals and instructional objectives as stated in the IEP and is showing age-appropriate developoment in the designated skill areas;
- When there is an addition or deletion of special education services (i.e., occupational therapy, physical therapy); and
- When a child moves into the school district with an active IEP from another district/agency.

The IEP review team shall consist of the child's teacher, one or both of the child's parents, a person qualified to provide or supervise the provision of special education, and others, deemed appropriate

At the required annual review, the following considerations need to be made based on the most current evaluation information and a review of the IEP:

- Reassessment;
- Dismissal from program;
- Deletion of services;
- Addition of services; and
- Continuation of services.

Preschool Transition Plan

A transition plan should be developed for any preschool child moving from one educational environment to another. The preschool transition plan should be written into the IEP as an area with an annual goal(s) and objectives. Participants in an IEP meeting who may be addressing preschool transition should include professionals from both the sending and the receiving agencies/programs as well as the parents and other participants as determined necessary. The implementation of the preschool transition plan should begin the year prior to the child's placement in a new educational environment. However, transition may be an ongoing process throughout the child's program.

Family Involvement Plan

A family involvement plan should be developed for the family of any preschooler if determined appropriate by the IEP team. The family involvement plan should be written into the IEP as an area with family outcomes identified. In determining family involvement outcomes, the team should consider at least the following:

- Family strengths;
- Family needs for information; and
- The family's preference for receiving information.

The family involvement activities selected to address the outcomes should include, but not be limited to the following:

- Family contacts (e.g., home visits, consultation, telephone conferences);
- Linkage to other resources;
- Coordination of agency services;
- Provision of educational opportunities; and
- Provision of materials/literature.

PUBLIC LAW 101-476
I.D.E.A.

The Individuals with Disabilities Education Act can be organized around four major purposes:

- To guarantee the availability of special education programming to eligible children with disabilities who require it.
- To assure fairness and appropriateness in decision making about providing special education to eligible children with disabilities.
- To establish clear management and auditing requirements and procedures regarding special education at all levels of government.
- To financially assist the efforts of state and federal government through the use of federal funds.

Source: P.L. 101-476 I.D.E.A.

PROCESS IN DEVELOPMENT

1. Parents notified of IEP conference
    a. Purpose
    b. Time
    c. Location
    d. Who will attend?
2. Informed early enough to ensure an opportunity to attend.
    a. Schedule at mutually agreed time and place.
    b. Conference by phone if parents cannot attend.
    c. Written oral communication in appropriate language level.
3. If IEP conference held without parents:
    a. Have on file signed waiver by parents.
    b. Documentation of at least two attempts (detailed).
    c. Must get parental consent before placement.
    d. Copy of IEP to parent.

Source: Advisory Memorandum P.L. 94-142, Frank New, April 7, 1988.

LEVEL: ADMINISTRATOR

GOAL: **#2** Understand state and federal regulations in regard to the IEP.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will describe the need for the IEP and the processes involved in its development.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss the information required to complete an IEP for young children with disabilities.	1. Handout/Transparencies (A-H2 and 3) *Case Study* *SEO-SERRC IEP*	1. Use Case Study for discussion purposes and make Transparencies of "IEP form" portion of Handout to use in discussion. Share with participants that this is a "sample" IEP that has been "approved" by the Ohio Division of Early Childhood. Review the form and its completion based on case study.
2. Small group activity Participants will generate a list of strategies that administrators can use to facilitate the appropriate and successful writing of an IEP.	2. Transparency (A-T9) **Supplemental Resources** McGonigel, J. J., Garland, C. W., 1988, *The Individualized Family Service Plan and the Early Intervention Team: Team and Family Issues and Recommendated Practices.* O.D.E. Division of Early Childhood Rules Implementation Monograph No. 3	2. Ask participants to break up into small groups to complete activity. Recommend that one person serve as recorder. Ask participants to consider the need to encourage sensitivity to diversity (e.g., ability, cultural, racial, religious, gender, etc.) as they generate their lists. Record small group responses on the overhead as you discuss the results in the large group.

CASE STUDY

Steve is a preschool child with a documented deficit disability in motor functioning. He was born with spina bifida and uses crutches to move around in his environment. He is currently enrolled in a preschool program in the community with physical therapy services given to him once a week. He is learning to catheterize himself but sometimes has problems with his toileting needs. He is four years old and will be entering his neighborhood public school in the kindergarten class next September. His mother is very concerned about the stairs in the building and Steve's ability to maneuver around in this elementary building which has stairs everywhere the children must go. Steve's mother is also concerned about his toileting needs and the way other children will interact with him because of the crutches. Developmentally Steve is displaying developmentally-appropriate skills in all areas except gross motor skills.

APPENDIX A

INSTRUCTIONS FOR THE COMPLETION OF

SPECS P-125
INDIVIDUALIZED EDUCATION PROGRAM

Taken from: *SEO-SERRC Model Policies, Procedures and Forms to Implement the Preschool Rules.* (1991).

INDIVIDUALIZED EDUCATION PROGRAM

SPECS P-125-1

IEP Meeting Date ___ / (1) / ___ Effective School Year (2) (3) ☐ Initial Placement (4) ☐ Periodic Review

Child's Name (5) D.O.B. ___ / (6) / ___ C.A. (7) Sex (8)

Parent(s) (9) Phone (10)

Address (11)

District of Residence (12) District/Agency of Attendance (13)

Location of Special Education Program and/or Related Services (14)

Date of Next Schedule Review ___ /(15)/ ___
Month Day Year

AREA(S) OF DOCUMENTED DEFICIT: (check all that apply)

☐ Cognitive & Adaptive Behavior
☐ Cognitive & One or More of the Areas Listed Below
☐ Adaptive Behavior & One or More of the Areas Listed Below
☐ Communication Skills
☐ Hearing Abilities
☐ Motor Functioning
☐ Social & Emotional/Behavior Functioning
☐ Vision Abilities

(16)

PRESENT LEVELS OF DEVELOPMENT/FUNCTIONING (17)

Domains of developmentally-appropriate curriculum affected by area(s) of documented deficit(s): (✓ **all that apply**)

☐ Adaptive ☐ Cognitive ☐ Sensorimotor ☐ Aesthetic ☐ Communication ☐ Social-Emotional

☐ Other (please specify) (1.) ______ (2.) ______ (3.) ______

(18)

Records Control Officer–White • Parent–Canary • Program Teacher–Pink • Related Service Provider–Goldenrod

A-H3

INDIVIDUALIZED EDUCATION PROGRAM

Child's Name ______(19)______ D.O.B. ___/(20)/___ Page (21) of ______

PRESENT LEVELS OF DEVELOPMENT/FUNCTIONING (CONTINUED)

(22)

Records Control Officer–White • Parent–Canary • Program Teacher–Pink • Related Service Provider–Goldenrod

A-H3

INDIVIDUALIZED EDUCATION PROGRAM

Child's Name (23) D.O.B. ___/(24)/___ Page (25) of ______

Annual Goals	Short-Term Instructional Objectives Including Objective Criteria and Evaluation Procedures	Check (✓) and date if met
(26)	(27)	(28)

Records Control Officer–White • Parent–Canary • Program Teacher–Pink • Related Service Provider–Goldenrod

A-H3

INDIVIDUALIZED EDUCATION PROGRAM

Child's Name ________(29)________ D.O.B. ___ /(30)/ ___ Page (31) of ______

DETERMINATION OF LEAST RESTRICTIVE ENVIRONMENT (32)

Based upon the IEP Goals and Objectives and the Strengths and Needs of the Family, the IEP Conference Participants Have Discussed the Following Least Restrictive Environment Options:

Program (Check ✓)	Location options where special education services may be delivered (list all options available and check options considered)	Participation with Typically Developing Peers Available	
		Check ✓ Yes	or No
Center Based ☐	______________________ ☐	☐	☐
	______________________ ☐	☐	☐
	______________________ ☐	☐	☐
Itinerant ☐	Home ☐	☐	☐
	Parent Selected Licensed Child Care/Preschool/Kindergarten ☐	☐	☐
	Public School Kindergarten ☐	☐	☐

SPECIAL EDUCATION PROGRAM (33)

Based upon the Discussion of Least Restrictive Environment Options, the Following Program Has Been Selected.

Program	Location	Number of Hours	Extent of Participation with Typically Developing Peers	Date of Initiation	Anticipated Duration	Date Terminated
				/ /		/ /
				/ /		/ /
				/ /		/ /

Needs Necessitating Placement in Separate Facility: (If child is placed in separate facility, document needs necessitating such placement) ______(34)______________________________

RELATED SERVICES (35)

Service	Location	Type of Service (Check ✓)			Date of Initation	Anticipated Duration	Date Terminated
		Consultation	Classroom by Therapist	Pullout			
		☐	☐	☐	/ /		/ /
		☐	☐	☐	/ /		/ /
		☐	☐	☐	/ /		/ /
		☐	☐	☐	/ /		/ /
		☐	☐	☐	/ /		/ /
		☐	☐	☐	/ /		/ /

IEP MEETING PARTICIPANTS

(Sign only when in agreement) (36)

Teacher
Name: ____________________
Position: ____________________
Signature: ____________________

District Representative
Name: ____________________
Position: ____________________
Signature: ____________________

Parent/Guardian/Surrogate
Name: ____________________
Position: ____________________
Signature: ____________________

Evaluation Team Member
Name: ____________________
Position: ____________________
Signature: ____________________

Other
Name: ____________________
Position: ____________________
Signature: ____________________

Other
Name: ____________________
Position: ____________________
Signature: ____________________

IEP Meeting Participants who disagree shall submit a separate statement.

PARENT/GUARDIAN/SURROGATE SIGNATURE

Please Check (✓) (37)

- ☐ I have read and understand the contents of the IEP and was provided the opportunity to participate in it's development.
- ☐ I give my permission for placement and services herein.
- ☐ I waive my right to notification by certified mail of the placement decision.

Parent/Guardian/Surrogate Signature: ______________________ Date: ____________

I do not give my permission for the placement proposed and I understand that no change in educational placement shall occur until present differences are resolved.

Parent/Guardian/Surrogate Signature: ______________________ Date: ____________

Superintendent Signature: ______(38)______________ Date: ____________

Records Control Officer–White • Parent–Canary • Program Teacher–Pink • Related Service Provider–Goldenrod

(1) Record the date (month/day/year) that the IEP is held.

(2) Record the school year in which the IEP is effective, e.g.,

IEP developed January 1990 — Effective School Year 90-91
IEP developed May 1990 — Effective School Year 90-91
IEP developed September 1990 — Effective School Year 90-91

(3) Check this box if the IEP is being developed for a child who is being placed for the first time.

(4) Check this box if the IEP is being developed as the result of the Periodic Review.

(5) Record the child's name as it appears on official records.

(6) Record the child's date of birth as it appears on official records (month/day/year).

(7) Record the child's chronological age (year-month).

(8) Record the child's sex (M or F).

(9) Record the parent(s)/legal guardian name(s)/surrogate name.

(10) Record the parent(s)/legal guardian/surrogate phone number. If there is no phone, write "none."

(11) Record the parent(s)/legal guardian/surrogate address. If different from that of the student, record both addresses and identify which is the child's.

(12) Record the student's school district of residence which is defined in the Ohio Rules (p. 10-11) as:

1. "The school district in which the child's parent resides, whether in a public or private dwelling or institution, or if not so determined;
2. The last school district in Ohio in which the child's parent is known to have resided if the parent's whereabouts are unkown, or if not so determined;
3. The school district in which the child's parent resided when placement in a program of special education was made, or if not so determined;
4. The school district as determined by the probate court of the county from which admission or placement was made."

(13) Record the school district or agency the child attends or will attend to receive special education and/or related services. If it is the same as the district of residence, then write "same."

(14) Record the location where the student will attend to receive special education and/or related services.

(15) Record the month, day, and year of the next scheduled review. The review must be scheduled within one calendar year of the date on which the IEP was developed.

(16) Check that all areas of documented deficit as determined by the maltifactored evaluation and recorded on Form P-134.

(17) Check all areas of the developmentally-appropriate curriculum affected by the documented deficit(s).

This determination should be made by the IEP Team based upon the following:
a. Review of the MFE Team Report.
b. Strengths and needs of the child.
c. The nature and severity of the child's disability.
d. The nature and severity of the area(s) of documented deficit.
e. Input from those familiar with the child.

(18) Each area checked in (16) and (17) must be accompanied by a statement of Present Levels of Development/Functioning.

Present Levels of Development/Functioning are the basis for the Annual Goals and Short-Term Instructional Objectives. Thus, there should be a direct relationship among the Present Levels of Development/Functioning, Annual Goals and Short-Term Instructional Objectives.

They should be based upon the following:

a. Multifactored Evaluation Data.
b. In cases of annual review, the most current evaluation data.
c. The strengths and needs of the child.

The Present Levels of Development/Functioning should be objectively stated and of sufficient detail so that parents and those not directly familiar with the child may have a reasonable understanding of the child's Levels of Development/Functioning. Test scores alone are not sufficient.

Examples

Cognitive (Readiness)

Explores and investigates his environment. Brings most objects to mouth to explore. Pulls a string to obtain a toy or desired object (balloon); searches for removed objects; reaches around a barrier to obtain an object and uncover a hidden toy. Demonstrates functional understanding of spoon and cup. Attempts to imitate some actions demonstrated by an adult.

Communication

Responds to and turns his head toward sounds outside of his field of vision; responds to different tones of a person's voice; will sometimes follow simple commands. Expresses wants and needs by physical movement, moving to the location of a desired object (food), fussing and using some gestures. Spontaneously makes some vowel and consonant sounds. Verbal expression is not significantly increased by his sounds being imitated. Limited verbal turn taking. When shown two objects (cup/grape) he will indicate choice/preference by picking up the desired object. Most responsive to objects and activities which involve music and/or noise.

Fine Motor Skills

Reaches, grasps, and releases objects. Uses a raking motion and some fingers/thumb opposition to pick up smaller objects. Passes objects from one hand to the other. Can bring his hands together but does not typically clap or play patty cake. Can pull open drawers and cupboard doors. Dumps things out of a container, but shows no interest in putting things in a container. Pulls rings off a post, but does not place rings on a post. Shows minimal interest in holding a crayon or using it for making marks/scribbles. Has not yet demonstrated hand dominance.

Adaptive Behavior

Establishes and maintains eye contact; visually follows an object moved up/down, side to side and in a circle; occupies himself for ten or more minutes without demanding attention; beginning to show interest in picture books. Drinks from a cup with a lid with minimal assistance. Beginning to use a spoon to feed himself. The food must be scooped into the spoon by someone else.

Vision Abilities

Dave can match objects by color, size, and shape. He can tell a missing detail of a familiar object, recognize outline pictures of objects, match pictures varying in small details, identify actions and small details in pictures, identify and categorize some pictures and copy a block x design. Visual activities requiring perception of a whole and matching or copying letters and numerals are difficult for Dave.

(19) Record the child's name from page 1 of the IEP form.

(20) Record the child's date of birth (month/day/year) from page 1 of the IEP form.

(21) Record the page number and total number of pages in the IEP.

(22) This section should be used to continue the Present levels of Development/Functioning Statements.

(23) Record the child's name from page 1 of the IEP.

(24) Record the child's date of birth (month/day/year) from page 1 of the IEP form.

(25) Record the page number and total number of pages in the IEP.

(26) Annual Goals are defined in Ohio Rules (p. 3) as:

> "... expected behavior to be achieved through the implementation of the child's individualized education program. These goals must meet the unique needs of each handicapped child as determined by the appropriate evaluation techniques and/or instruments."

In writing annual goals, the IEP Team should consider the above definition and the following:

a. The annual goal should be based upon the student's unique needs as identified through determination of the student's Present Levels of Development/Functioning.
b. It is the outcome of the accomplishment of the Short-Term Instructional Objectives.
c. One or more Annual Goals should be written for each Present Levels of Development Functioning.
d. Annual Goals should reflect principles of developmentally-appropriate practice. It may be helpful to consider how these goals and objectives can be appropriately implemented within the daily activities that take place within an early childhood setting that incorporates the basic principles that underlie developmentally appropriate curriculum.
e. Annual Goals should be relatively broad in nature to include unexpected gains.

Examples

To improve expressive communication skills.
To improve gross motor skills.
To improve adaptive skills.
To improve academic readiness skills.

(27) Short-Term Instructional Objectives are defined in the Ohio Rules (p. 12) as: "The intermediate steps leading to the accomplishment of the stated annual goals." In the development of the Short-Term Instructional Objectives, the IEP Team should consider the following:

a. Each Annual Goal should have more than one Short-Term Instructional Objective. While no specific number of objectives is mandated, and the actual number of objectives may depend on the nature of the annual goal, most experts agree that 3-4 objectives are sufficient. The above definition should also be taken into account when determining the number of objectives written.

b. Short-Term Instructional Objectives should reflect principles of developmentally-appropriate curriculum as outlined in item (26)d.

c. Short-Term Instructional Objectives should be specific and follow the format of Procedure/Condition, Behavior and Criteria as follows:

Procedure	**Behavior**	**Criteria**
Given verbal cues and adapted tools (screen board, raised line paper, high contract background, and dictation by teacher),	Robin will print upper case alphabet letters,	20 of 26 legible letters on 4 different dates,
When toys are placed out of reach and the teacher models/prompts the word/sign "play,"	Robin will sign "play" and vocalize,	on at least 4 documented dates.
When Robin is observed by the teacher participating in activities designed to stimulate joint activity,	she will take at least two turns with adult or child partner,	as demonstrated on at least 4 documented dates.
To improve fine motor skills, when Robin is observed picking up small objects such as food or toys, by the teacher,	she will use a pincer grasp.	4/5 times on at least 4 documented dates.

d. When determining the criteria for accomplishment of the objective, careful consideration should be given to the nature and severity of the child's disability. Criteria should be realistic and reflect a reasonable chance of success.

Annual Goals	Short-Term Instructional Objectives Including Objective Criteria and Evaluation Procedures	Check (✓) and Date If Met
To improve pre-academic skills	1. Given verbal cues and adapted tools (screen board, raised line paper, high contrast background), Robin will print 20 of 26 upper case letters dictated by the teacher on 4 different dates.	✓ 2/12/92 ✓ 2/20/92 ✓ 4/20/92
To improve communication skills	1. When toys are placed out of reach and the teacher models/prompts the word/sign "play," Robin will sign play and vocalize on at least 4 different dates.	✓ 11/10/91 ✓ 11/20/91 ✓ 3/5/92 ✓ 4/20/92
To improve social skills	1. When the teacher or aide observes Robin participating in activities designed to stimulate joint play, Robin will take at least 2 turns with an adult or child partner on 4 different occassions.	✓ 5/12/91 ✓ 11/10/91 ✓ 3/4/92 ✓ 4/1/92
To improve fine motor skills	1. When the teacher observes Robin picking up small objects such as food or toys, Robin will use a pincer grasp 4 of 5 times on at least 4 different occassions.	✓ 10/4/91 ✓ 11/4/91 ✓ 1/3/92 ✓ 5/15/92

(28) If the Criteria/Level is met the objective should be checked in this column and the date recorded. Documentation of the method of evaluation and results should be kept for a period of five years.

(29) Record the child's name from page 1 of the IEP.

(30) Record the date of birth (month/day/year) from page 1 of the IEP.

(31) Record the page number and the total number of pages in the IEP.

(32) The determination of the most appropriate environment in which special education and related services should be delivered must be determined during the Individual Education Program (IEP) process. In addition to considering the needs of the child, IEP Team members will also assess the needs of the family when determining the "least restrictive environment" in which special education and related services will be delivered. An inherent assumption within the traditional continuum of services for school-age programs is the concept of "least" to "most" restrictive placement, with the home setting identified as most restrictive. Within the paradigm of preschool service delivery, however, service delivery options are not envisioned as a continuum, but rather alternatives within which, for example, the home environment might be determined to be the least restrictive environment.

The IEP Team participants should consider the strengths and needs of the child as well as the family when determining the least restrictive environment in which special education and related services will be delivered. The team should also identify the environment in which the child would be if no disability existed, and remove the child from that environment only when it has been determined that, even with the provision of supplemental aids and services, the individual goals and objectives cannot be achieved satisfactorily in that setting. Team members may want to ask the following questions when making decisions regarding least restrictive environment.

a. Is it likely that this child will achieve stated goals and objectives with special education and related services provided in the child's environment(s)?
b. Can the current environment be modified/adapted to meet the child's needs?
c. Does appropriate implementation of this child's IEP require any/some removal of this child from the child's typical environment?
d. If the typical environment cannot be reasonably adapted so that the IEP can be implemented, what changes are necessary to implement the IEP?

The *Rules for the Education of Preschool Children with Disabilities Served By Public Schools and County Boards of Mental Retardation and Developmental Disabilities* (Rule 3301-31-03 (c)) provides for the following possible service delivery options:

Itinerant Services

Itinerant services are defined as services provided by preschool special education teachers or related services personnel which occur in the setting where the child or the child and parent(s) are located as opposed to providing services at a centralized location. The itinerant model includes two methods of service delivery:

- services delivered in the home environment;
- services delivered to children attending a preschool/kindergarten program for typically developing children.

Home environment is defined as the residence of the child and the child's parent(s). In addition to providing itinerant services to children attending a public school preschool or kindergarten program, services may also be provided to children attending a licensed community-based preschool/kindergarten where a qualified staff member is assigned to the child.

Center-based Services

Center-based services are defined as classroom programs that provide group education experiences to children of similar ages or developmental levels on a regularly scheduled basis and in a central location. The center-based model includes several possible methods of service delivery:

- Shared classroom. In this arrangement one class for children with disabilities and one class for typically developing children share the same classroom space. Teachers "team plan and teach."
- Enrollment of Typical Peers. In this arrangement up to six age-eligible typically-developing children are enrolled in a special class for the purpose of establishing an integrated class setting.
- Mainstreaming. In this arrangement children with disabilities are enrolled in a special class, and also participate in planned activities that take place within preschool programs for typically-developing children.
- Reverse Mainstreaming. In this arrangement children who are enrolled in programs for typically-developing children participate in some of the activities within the special class setting.
- Separate Class. In this arrangement children with disabilities are enrolled in a special class with no planned interaction with typically-developing, age-mate children. In this case the nature and degree of disability that necessitates separate class placement must be well documented.

A discussion of the strengths and weaknesses of these program options is provided in the Ohio Department of Education Division of Early Childhood Education Rules Implementation Monograph series Monograph No. 2 (Draft 3/91).

Based upon consideration of the above factors this section should be completed as follows:

a. Each Program considered should be checked.
b. For the center-based section all available options should be listed and upon consideration checked. For itinerant, each listed option should be considered.

Examples

Center-Based	☑	Special Class in County Board of MR/DD Special Class at Happy Days Day Care Center Special Class at Putnam Elementary
Itinerant	☑	Home Public School Kindergarten

c. The section entitled participation with Typically-Developing Peers Available should be checked as Yes or No.

(33) Special Education Program

As a result of the determination of the Least Restrictive Environment, this section should be completed as follows:

a. Program: Indicate the program option selected, i.e., Special Class, Itinerant, or combination.
b. Location: Indicate the actual location where the program option will be provided.
c. Number of Hours: Indicate the actual number of hours of special education services to be provided.

Minimum Contact Hours are as follows:

Center-Based — 10 hours per week
Itinerant — 4 hours per month
Combination: 10 hours per week for center-based, 4 hours per month for itinerant

d. Extent of Participation with typically-developing peers: This should be expressed as a percent or actual amount of time.

Examples

Child enrolled in a public school preschool (four hours per day) and receives itinerant services two hours per week.

2 hours/week divided by 20 hours/week = 10%
Thus, 90% of the time is spent with typically-developing peers

Child is enrolled in self-contained class full time.

Thus, 0% of the time is spend with typically-developing peers.

Child attends licensed day care facility four hours daily and receives one hour per week of Itinerant Service.

Thus, child will spend 19 hours per week with typically-developing peers.

e. Date of Initiation: Record the date (day/month/year) on which the program is to begin. This date should not reflect an undue delay in the initiation of service.
f. Anticipated Duration: Record the anticipated duration of the needed services. This is the IEP Team's best estimate of how long the services will be needed. It is not meant to be a binding statement, since the IEP is reviewed at least annually and may be reviewed at any time. Under normal circumstances, the Anticipated Duration would be "one school year."
g. Date Terminated: Record the date (day/month/year) that special education services are terminated, i.e., no longer needed.

(34) Placement in a separate facility could occur in the following situations:

a. County Board of MR/DD Center-Based Program with no typically-developing peers in the center-based program.
b. Facility with no other children in a center-based program with no typically-developing peers in the center-based program, e.g., a church.
c. Facility with no other age-appropriate children in a center-based program with no typically-developing peers in the center-based program, e.g., a vocational school.

The reasons for placement in a separate facility could be:

1. The IEP team determines that this is more appropriate than other placement options.
2. The child's individual goals and objectives have not been met in a less restrictive environment.

(35) There are three major types of services that both preschool special education teachers and related service personnel may provide. They include: **consultative services** (i.e., the service provider consults with the early childhood education teachers regarding modification of the learning environments to meet individual learning needs), **indirect services** (i.e., the service provider facilitates the related activities within the natural learning environment of the early childhood education setting, or **direct services** (i.e., the service provider works directly with individual children within the early childhood education setting.)

When determining who will provide needed services, team members should consider both special education teachers and related services personnel. In some cases, there may be goals and objectives for which service providers representing more than one discipline will be trained to address. As an example, a child with a documented deficit in the communication domain might receive services from a preschool special education teacher or a speech/language pathologist. A child with a documented deficit in the motor domain might receive services from a physical therapist, occupational therapist, or a preschool special education teacher. Related services for a preschool child with a disability may be considered a special education program if they provide specially designed instruction to meet the unique needs of the child and no other special education program is currently being provided to that child.

This section should be completed as follows:

a. Service: Record the needed related service as indicated in the *Rules for the Education of Preschool Children with Disabilities Served by Public Schools and County Boards of Mental Retardation and Developmental Disabilities,* section 3301-31-05-E.
b. Location: Record the location where related services will be provided.
c. Type of Service: Check the type of service needed as determined by the IEP Team.
d. Date of Initiation: Record the date (day/month/year) in which the program is to begin. This date should not reflect an undue delay in the initiation of services.
e. Anticipated Duration: Record the anticipated duration of needed services. This is the IEP Team's best estimate of how long the services will be needed. It is not meant to be a binding statement, since the IEP is reviewed at least annually and may be reviewed at any time. Unless there is a special circumstance, the Anticipated Duration would be one school year.
f. Date Terminated: Record the date (day/month/year) that the related service is terminated, i.e., no longer needed.

(36) Those team members in agreement with the proposed IEP should print their name, position, and sign this section.

Those team members who do not agree with the proposed IEP should submit a separate statement detailing their disagreement.

(37) The parent/guardian/surrogate should check each box (3) in this section if they agree with the statements and sign and date the IEP.

If the parent/guardian/surrogate does not agree with the IEP, the district should:

a. Immediately inform or re-inform the parent/guardian/surrogate of their due process rights and the procedures that apply. Use SPECS Brochures I, II, III **Facts a Parent Should Know About Preschool Special Education Programs and Services Available in Public Schools.**
b. Inform the parent/guardian/surrogate of the information procedures to resolve disagreement such as Case Conference and/or Administrative Review.
c. If agreement cannot be reached by these procedures, the district and/or parent/guardian/surrogate may consider requesting an Impartial Due Process Hearing. (Refer to SPECs Rules pp. 24-26 for appropriate forms and procedures.)
d. The parent/guardian/surrogate should sign and record the date of the fact that they disagree with the proposed IEP.

(38) The IEP should then be sent to the superintendent of the district of residence. The superintendent's signature indicates that he/she is aware of the situation.

STRATEGIES TO FACILITATE SUCCESSFUL COMPLETION OF IEP

LEVEL: ADMINISTRATOR

GOAL: **#2** Understand state and federal regulations in regard to the IEP.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will value the IEP and respect the spirit of its development process.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Generate list of barriers to IEP development experienced by staff and potential ways administrators can assist to ensure compliance with both the intent and letter of the law.	1. Transparency (A-T10) *Barriers and Supports*	1. Ask small groups to respond to this activity also. Again, ask them to reflect on issues of diversity which may need to be addressed. Discuss results in large group Examples of issues may be: – Differences between IFSP and IEP, and resulting parent expectations. – Difficulty in acquiring needed related services.

A-T10

BARRIERS EXPERIENCED BY STAFF WITHIN IEP PROCESS AND POTENTIAL ADMINISTRATIVE SUPPORT

Barriers Experienced by Staff	Potential Administrative Support

GOAL 3

IEP

LEVEL: ADMINISTRATOR

GOAL: #3 Recognize that the IEP is one component of a comprehensive service delivery system.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will describe aspects of program delivery which are not addressed by an IEP.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity List issues not identified in an IEP, yet, have direct impact on the delivery of services for any child.	1. Flip Chart	• Attitudinal • Daily Communications • Conferencing • Ongoing Assessment and evaluation of objectives • Quality of program • Adequate support from regular education. Again, discuss how issues of diversity (e.g., ability, cultural, racial, religious, gender, etc.) need to be considered if they have not been covered thoroughly. Record responses on Flip Chart or blank Transparency.

LEVEL: ADMINISTRATOR

GOAL: #3 Recognize that the IEP is one component of a comprehensive service delivery system.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will describe a full range of options available to children with disabilities.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss range of program options available and list on chart.	1. Handout (A-H4) *O.D.E. Division of Early Childhood Education Rules Implementation Monograph No. 2* Flip Chart	1. Highlight — • Continuum of service • Not regular vs. special • Frequency and intensity based on individual needs. • Desired outcome: Full participation with typically developing children.

A-H4

Ohio Department of Education
Division of Early Childhood Education
Rules Implementation Monograph Series
Monograph No. 2
(Draft 3/91)

PROGRAM PLANNING IN EARLY CHILDHOOD SPECIAL EDUCATION

This monograph is designed to assist school personnel in the process of planning for comprehensive services to young children with disabilities. The school district's early childhood special education program will be influenced by a variety of factors including the number and needs of identified children with disabilities and their families, available resources, and community culture.

Program planning can be described as a continuing process, one in which both quantitative and qualitative data are used to make appropriate decisions. Effectiveness of planning depends upon many factors. Among the most crucial are thorough and accurate data about the needs and resources of the school district/community, and good communication between all those involved in the planning and establishing of early childhood special education programs.

This monograph addresses a number of issues that should be considered under the general category of Program Planning in Early Childhood Special Education. These issues should not, however, be interpreted as a comprehensive summary of all key aspects of local program planning. It is hoped that the information contained herein will alert the reader to some of the planning issues that have been identified as critical to the area of early childhood special education.

Estimation of Eligible Population

A first step in planning an early childhood special education program is to estimate the number of children who would be identified as eligible for the program. Using the eligibility criteria specified in Rule 3301-31-02 and discussed in Rules Implementation Monograph No. 3, approximately 5% of the population of children ages three through five within any given district would be expected to be eligible for special education. School district personnel can estimate their incidence rate using the number of kindergartners in the district. For example, if school district X has a kindergarten enrollment of 225, one could assume a comparable number of three-, four-, and five-year-olds reside in the district. Using the 5% incidence rate approximately 34 three-, four-, and five-year-olds would be identified as eligible for special education.

Assessment of School and Community Resources

Another major step is to assess school district and community resources. Planning for preschool special education programs and services should take place within the context of planning for early childhood programs in general. Integration of children with disabilities and typically developing children should be a primary goal in the planning of a comprehensive service delivery system. In addition, collaboration with other agencies that provide services to young children and their families is an integral part of a comprehensive early childhood special education program. Intra- and interagency collaboration should seek to maximize the efficiency of existing resources, and avoid unnecessary duplication. Following is a list of some of the programs and services that should be considered:

- Public Schools/County Boards of Mental Retardation and Developmental Disabilities Special Education Programs and Related Services
- Public School Preschool/Kindergarten/Child Care Programs (i.e., state preschool expansion grants, Chapter I, state funded kindergarten programs, latchkey/school-age child care)
- Vocational Education Programs (i.e., child care training, family life, GRADS, single parent homemaker)
- Community-Based Preschool/Kindergarten Programs (i.e., Head Start, private preschool and child care, university lab school and teacher training programs)
- Community Agencies (i.e., health, human services, mental health)

Design and Implementation of Alternative Service Delivery Options

A third step in planning an early childhood special education program is to design and implement alternative service delivery options to meet the varying needs of young children with disabilities and their families. These alternatives may be offered within a single school district, but most commonly will be offered within the framework of consortia and contractual arrangements between two or more school districts. The following are possible service delivery options (Rule 3301-31-03 (C)):

- Itinerant services which may be delivered in the home environment or to a child attending a preschool/kindergarten program administered by a public school or a child attending a community-based preschool/kindergarten or child-care program that meets the requirements of Chapter 5104 of the Revised Code and where a qualified preschool staff member is assigned to the child; and
- Special class located in an integrated or separate facility.

Figure 1 shows the range of itinerant and special class arrangements that are possible within this framework. As the figure suggests, parent involvement is presumed to be an inherent component of every preschool special education program. Possible activities relating to parent involvement include education, family support services, linkage with other resources, and transition planning. Rules Implementation Monograph No. 5 addresses the concept of parent involvement in more detail.

The determination of the most appropriate environment in which special education and related services should be delivered will be determined during the Individual Education Program (IEP) process. In addition to considering the needs of the child, IEP team members will also assess the needs of the family when determining the "least restrictive environment" in which special education and related services will be delivered. An inherent assumption within the traditional continuum of services for school-age programs is the concept of "least" to "most" restrictive placement, with the home setting identified as most restrictive. Within the paradigm of preschool service delivery, however, service delivery options are not envisioned as a continuum, but rather alternatives within which, for example, the home environment might be determined to be the least restrictive environment.

A more detailed discussion of IEP development for preschool-age children is included in Rules Implementation Monograph No. 4.

A summary of requirements relating to contact hours, caseloads, teacher certification, and adult/child ratios for both itinerant and special class services options is included in Table 1. Table 2 outlines some of the advantages and considerations of both itinerant and special class settings. Following is a discussion of the ways in which both arrangements may be provided:

Itinerant Services

Itinerant services are defined as services provided by preschool special education teachers or related services personnel which occur in the setting where the child or the child and parent(s) are located as opposed to providing services at a centralized location. The itinerant model includes two methods of service delivery:

- services delivered in the home environment;
- services delivered to children attending a preschool/kindergarten program for typically-developing children.

Home environment is defined as the residence of the child and the child's parent(s). In addition to providing itinerant services to children attending a public school preschool or kindergarten program, services may also be provided to children attending a licensed community-based preschool/kindergarten where a qualified staff member is assigned to the child. A qualified staff member is a person who holds one of the following:

- A valid prekindergarten teaching certificate;
- A valid kindergarten-primary certificate and has completed at least four courses in child development in early childhood education from an accredited college, university, or technical college;
- A bachelor's degree in child development or early childhood education earned from an accredited college or university with a minimum of 30 quarter or 20 semester hours in child development/preschool program planning and methods including a supervised practicum with preschool children;
- A valid teaching certificate in cases where the person is employed in a preschool program operated by an eligible, nontaxsupported, nonpublic school;
- A valid prekindergarten associate certificate; or
- A child development associate certificate issued in accordance with National Association for the Education of Young Children standards until July 1, 1993, at which time one of the above requirements must be met.

School district personnel should consider issues relating to program quality when determining whether itinerant services will be provided to a preschool child with a disability who is enrolled in a program that serves typically developing children. Recognized methods of assessing program quality include the National Association for the Education of Young Children accreditation process, and the Early Childhood Special Education Program Evaluation (EC-SPEED) process developed through the Ohio Preschool Special Education

Service Delivery Project funded by the Ohio Department of Education, Division of Early Childhood Education.

Within the itinerant services model, special education personnel provide direct instruction to the child with the intensity and duration as outlined in the child's IEP. Additionally, the special education staff may consult with the primary care provider on how that person can facilitate the child's development. This form of "adult to adult" or "teacher to teacher" communication or consultation can occur in many forms such as demonstration, modeling, or monitoring the child's education program. Itinerant programs must be designed to meet the needs of the child; therefore, the frequency of contacts will vary for each child in order to achieve the IEP objectives. However, a minimum of four hours of services per month shall be provided for each child receiving itinerant services unless otherwise specified on the IEP.

Center-based Services

Center-based services are defined as classroom programs that provide group educational experiences to children of similar ages or developmental levels on a regularly scheduled basis and in a central location. The center-based model includes several possible methods of service delivery:

- *Shared classroom.* In this arrangement one class for children with disabilities and one class for typically developing children share the same classroom space. Teachers "team plan and teach."
- *Enrollment of Typical Peers.* In this arrangement up to six age-eligible typically developing children are enrolled in a special class for the purpose of establishing an integrated class setting.
- *Mainstreaming.* In this arrangement children with disabilities are enrolled in a special class, and also participate in planned activities that take place within preschool programs for typically developing children.
- *Reverse Mainstreaming.* In this arrangement children who are enrolled in programs for typically developing children participate in some of the activities that take place within the special class setting.
- *Separate Class.* In this arrangement children with disabilities are enrolled in a special class with no planned interaction with typically developing, age-mate children. In this case the nature and degree of disability that necessitates separate class placement must be well documented.

  (NOTE: In addition to the preschool special class teacher, at least one responsible individual shall be present at all times when seven or more children are in attendance in a special class setting.)

A minimum of 10 hours of services per week shall be provided for each child receiving special class services, unless otherwise specified on the child's IEP. This level of service should meet the special education needs of most children with disabilities. It may not, however, be sufficient to meet the child-care needs that many families face. It will be important, therefore, for school personnel to coordinate school resources and communicate with community resources regarding additional preschool and child care that may be necessary.

Establishment of Transition Procedures

Transition is defined as points of change in services and in the personnel who coordinate and/or provide services. The effective transition of young children and their families between and within service delivery systems will require careful planning on the part of school personnel, and those who represent other service providing agencies within the broader early childhood and early intervention arena.

The following is a list of activities that should be conducted in response to transition concerns:

- Development of interagency agreements to clarify transition options;
- Development of forms and procedures for sharing pertinent information among agency personnel and parents;
- Transfer of personally identifiable information prior to the age at which children may be eligible for preschool or school-age services
- Provision of information for parents regading service options; and
- Provision of an individual planning conference and/or written transition plan for each child and family.

Transition to preschool at age three, from early intervention services provided at age two under Part H of P.L. 99-457, is a major point of transition that will need to be carefully addressed in the process of program planning. Children with disabilities are eligible for a free and appropriate public education beginning at age three. Although children and their families, of course, are not required to receive services at this time (i.e., compulsory school-age remains at age six), they cannot be denied the provision of these services upon the child's third birthday.

In order to plan for a smooth transition to preschool services, it is recommended that, in cases of a suspected disability, early intervention service providers initiate a referral to public school officials at least 120 days before the child's third birthday. In accordance with established due process policies and procedures, this timeline will ensure that all activities necessary prior to the provision of preschool special education services will have been completed prior to the child's third birthday. As part of the IFSP (Individual Family Service Plan) process, early intervention service providers will address transition issues relating to the steps to be taken to support the transition of a child, upon reaching age three, to preschool special education services to the extent that those services are considered appropriate, or to other services that may be available.

Transition from preschool to school-age programs is a second major point of transition. For most children with disabilities, this movement encompasses moving from a noncategorical and integrated preschool special education program to an educationally categorical school-age special education program. Transitions between programs can be abrupt changes in instruction, related services, teaching styles, and staffing patterns, or they can be a smooth sequence of events leading to comfortable changes for the child and family.

Planning and communication are the key factors for successful transitions. Transition is a procedure, with a sequence of steps to be followed to completion. Each transition is also a two-way communication system between the sending and receiving programs and between families and professionals. Parents collaborate with the program staff to determine appropriate educational services and placements for their children. The receiving program staff should be included in planning for the upcoming transition when appropriate.

As children begin their final year in early childhood special education, thought should be given to the future needs. An individual transition plan should be developed to determine information needed to determine eligibility and placement in categorical special education programs. Children enrolled in early childhood special education programs shall be reevaluated in the needed areas of functioning and this information shall be considered when determining eligibility for future services. For some children, special education services may not be necessary, others will continue to require special education services.

The results of successful transition include the placement of children in environments that meet their education needs, as well as feelings of well-being on the part of all participants in the process. Too often results are jeopardized by a lack of knowledge of all issues and concerns on the part of the transition planning participants. Open communication helps alleviate these concerns.

Provision of Safe and Efficient Transportation

The transportation of young children poses unique considerations and challenges. Following are guidelines that are intended to reduce and prevent, to the greatest extent possible, injury to children and to ensure uniform, economical, and efficient transportation for preschool children with disabilities.

I. Each school district or transportation cooperative should have a comprehensive written plan detailing procedures for transporting preschool children, with disabilities, including at least the following:

- IEP development and management
- reimbursement of transportation costs to parents or guardians
- length of ride
- pick-up and drop-off procedures
- disciplinary action
- safety considerations
- vehicle choice
- assistive devices
- first aid training
- emergency evacuation drills
- personnel training

II. A person should be designated as transportation coordinator to develop and manage a specifically designed written transportation system plan for children with disabilities, including ongoing periodic review of the system at least annually (refer to Item #1).

III. An appropriately trained aide should be on all buses transporting children with disabilities that require additional intervention assistance, such as medical emergencies, behavioral outbursts, medically fragile, etc.

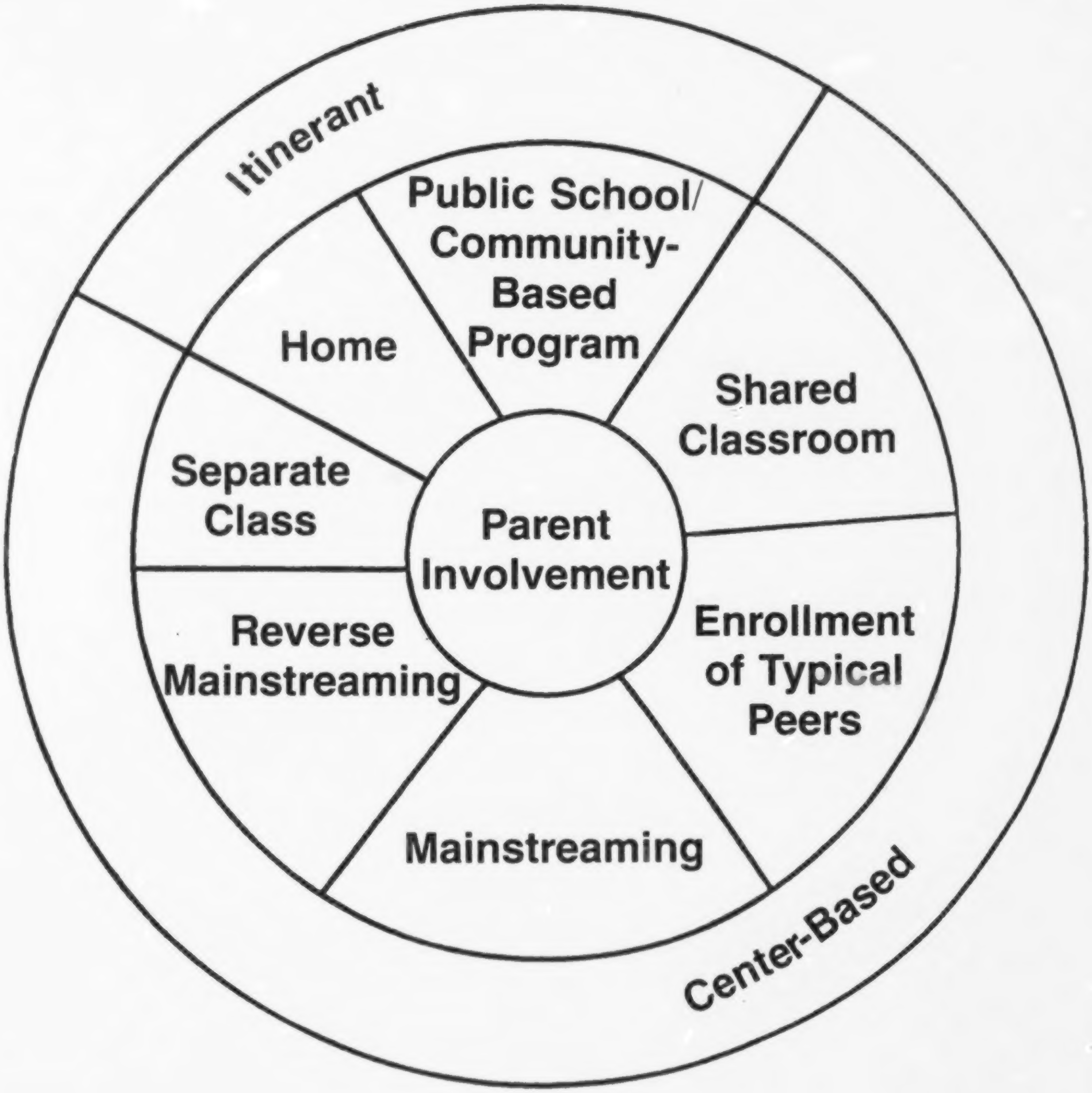
IV. Transportation as a related service should be addressed as part of the IEP process with direct input from the transportation coordinator or appropriate designee.

V. The maximum amount of travel time for a preschool child with a disability should not exceed one hour each way.

VI. In-service training should be required for all drivers and aides on issues and procedures relating to the efficient and safe transportation of young children.

A-H4
Figure 1

ALTERNATIVE SERVICE DELIVERY OPTIONS


Itinerant
Public School/ Community-Based Program
Home
Shared Classroom
Separate Class
Parent Involvement
Reverse Mainstreaming
Enrollment of Typical Peers
Mainstreaming
Center-Based

	Itinerant	Center-Based	Comb.
Minimum Contact	4 hrs./mo.	10 hrs./wk.	4 hrs./mo. (Itin.) 10 hrs./wk. (Ctr.)
Caseload	10-20	6-8 (6 typical peers)	6-8
Caseload for 1 FTE	10-20	12-16 (half-day) 6-8 (full-day)	12-16
Certification	EEHV, VI, HI (4/10 CEU)		
Adult/Child Ratio	1:1	1:6	1:1 (Itin.) 1:6 (Ctr.)

A-H4
Table 2

ADVANTAGES AND CONSIDERATIONS ITINERANT AND CENTER-BASED SETTINGS

Advantages	Considerations
CENTER-BASED SERVICES	
1. Provides children with opportunities to learn important "school" skills.	1. Transportation may be costly or unavailable.
2. Provides the older preschooler with opportunities to socially interact with his/her peers.	2. This program may be a "restrictive" setting if only children with disabilities are served.
3. It may be easier to provide a wide range of services or more intensive services.	3. Generalization of skills learned needs to be planned for.
4. Children have a chance to learn to interact with adults other than their parents.	4. If the program is primarily "special class-based;" knowledge and involvement in the other less restrictive settings in which the child participates may be weak. Consequently, the skills taught may not be functional for the child; or if they are, do not generalize.
ITINERANT SERVICES	
Home	
1. The home exists as a critical, least restrictive environment in which "Functional" skills can be readily taught.	1. Generally, the child's parents are also his/her teachers. Information and training may be needed (e.g., through presentation modeling, practice and feedback) in order for the family to carry out educational programs.
2. Learned skills will more likely generalize and be maintained if taught in the home (by family members).	2. There may be stressful events occurring in the child's home that preclude incorporating educational programs into this setting. The provision of information and support services instead of consultative services may be the most viable approach.
3. For rural and resource-poor areas, the home setting exists as the primary (and only) critical setting during the early childhood years.	3. Visitation schedules in home-based programs depend upon the intensity of services needed by the child and family. A minimum of four hours visitation per month should be scheduled. If children are home all of the time, they may not receive the socialization experience needed as they grow older and prepare for entrance into kindergarten.

A-H4

Table 2

Preschool/Kindergarten settings

1. Providing services at these sites, will potentially carry all of the advantages listed for the home and special class sites.	1. The "staff members" in these settings may have limited time or skills to provide appropriate interventions. They may need appropriate interventions. They may need appropriate resources and consultation to intervene correctly.
2. Preschool/kindergarten programs provide "least restrictive" models of appropriate early education services and the critical skills needed to participate in these settings.	2. Information and training may be necessary for children to be "accepted" by peers and their families.
3. Children may more likely be accepted by the broader community if they are in a "typical" setting.	3. The child's family may need to be "prepared" for their child's placement in this setting.
4. There are potential benefits for the typical children and their parents.	

LEVEL: ADMINISTRATOR

GOAL: #3 Recognize that the IEP is one component of a comprehensive service delivery system.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will value the mandates as assurances that services are available to all children with disabilities.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Participants will generate a list of problems created by the mandates and benefits resulting from them. Discuss results in large group	1. Flip Chart	1. List results of small group activity on Flip Chart or blank sheet of paper. Be prepared to add to list of benefits if participants have difficulty. *Examples of problems might include:* – Time required. – Due process hearing initiated by parents. – Difficulty securing related services. – Difficulty mainstreaming. *Examples of Benefits:* – Provision of "appropriate" educational services for preschool-aged children with disabilities. – Better services because parents are involved as equal partners. – Potential reduced costs later because of early services. – Respect for young children with disabilities as children first reflected in integration movement.

GOAL 4

IEP

LEVEL: ADMINISTRATOR

GOAL: **#4** Recognize the importance of an integrated IEP.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will understand what comprises an integrated IEP.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss the definition of an integrated IEP.	1. Transparency/Handout (A-T11)	1. Leader may wish to copy Transparency as a Handout.
2. Ask participants to discuss issues that may rise for staff using this approach.	2. Flip Chart	2. Conduct discussion of issues in large group. Example of issues include: – Therapists' difficulty in writing therapy goals as part of domain. – Strain among other staff members; some professionals support approach while others do not. – Parents' desire to have "therapy time."

DEFINITION OF INTEGRATED IEP

An ***Integrated IEP*** is one in which all objectives, including those defined for related service therapies (e.g., speech/language therapy, physical therapy, etc.) are written within the context of educational domains (e.g., communication, sensorimotor, cognitive, etc.)

Objectives reflect not only the child's needs in specific developmental areas but also the "whole" child in relationship to his or her environments.

LEVEL: ADMINISTRATOR

GOAL: **#4** Recognize the importance of an integrated IEP.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will be able to support staff in preparing integrated IEP's.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Participants will generate a list of ways in which administrators can support staff in preparing integrated IEP's.	1. Flip Chart	1. Ask small groups to generate a list of ways in which administrators can support staff in preparing integrated IEP's. Ask them to reflect on the issues generated in the previous activity. Discuss results within the large group.

LEVEL: ADMINISTRATOR

GOAL: **#4** Recognize the importance of an integrated IEP.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will value the integrated IEP.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Discuss the benefits of an integrated IEP approach which contains goals and objectives that have been developed across disciplines and that reflect curricular domains.	1. Flip Chart	1. *Examples of Benefits* – Increased chance of functional skill use. – Increased chance of skill generalization for children. – Collaborative approval. – More holistic, less splintered. Encourage participants to think about how this type of an approach can reflect sensitivity to diversity (e.g., ability, cultural, racial, religious, gender, etc.)

IEP

GOAL 5

LEVEL: ADMINISTRATOR

GOAL: **#5** Understand various IEP formats appropriate for young children.

COMPETENCY TYPE: KNOWLEDGE

OBJECTIVE: Participants will know the components of an IEP that are unique to preschool children.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Review specific components for an IEP that are unique to preschool: • Parent Component. • Transition Planning. • Goals and objectives for preschool children. • Goals and objectives for parents option. • Appropriate criterion and evaluation based on preschool children and developmentally appropriate practice.	1. Handout (A-H5) *Rules for Preschool Programs* Transparency (A-T12)	1. Discuss special options for preschool children.

Rules for Preschool Programs
Chapter 3301-37

Ohio Department of Education
Columbus, Ohio
Revised 1991

RULES FOR PRESCHOOL PROGRAMS

Effective Date August 5, 1988

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3301-37-01 Definitions.

(A) "Board of education" means the elected governing body of a school district or the governing body of a nonpublic school.

(B) "Child day-care program" means a program that is developmentally appropriate for the children enrolled in the program.

(C) "Class" means a group of children enrolled in the preschool program; maximum group size is specified in section 3301.56 of the Revised Code.

(D) "Department" means the Ohio Department of Education.

(E) "Director" means the person responsible for supervision of a preschool program. The director may be the head teacher or elementary principal.

(F) "Eligible nonpublic school" means a nonpublic school chartered as described in division (B)(8) of section 5104.02 of the Revised Code or chartered by the state board of education for kindergarten through grade six or grades one through six; kindergarten through grade eight or grades one through eight; or kindergarten through grade twelve or grades one through twelve.

(G) "Full-sized crib" means a crib which has an interior dimension greater than fifty-one inches (plus or minus five-eights inch) in length and twenty-seven and seven-eighths inches (plus or minus five-eighths inch) in width. With the mattress support in its lowest position and the crib side in its highest position, the vertical distance from the upper surface of the mattress support to the upper surface of the crib side and/or end panel shall not be less than twenty-six inches.

(H) "Handwashing facility" means a permanent-type fixture with running water which conforms to the requirements of the "Ohio Plumbing Code" in Chapter 4101:2-51 of the Administrative Code.

(I) "Head teacher" means a person hired to guide and instruct a class of preschool children enrolled in the program and who may supervise the preschool program.

(J) "Infant" means a child who is less than eighteen months of age.

(K) "Nonambulatory child" means any child who is unable to leave a building unassisted under emergency conditions; unable to walk forward or backward unassisted; unable to go up or down steps without help; and/or dependent upon mechanical aids such as crutches; walkers, and wheelchairs.

(L) "Nonteaching employee" means a preschool employee whose primary responsibilities are duties other than care, teaching, and supervision of preschool children.

(M) "Nontoilet-trained toddler" means a child who is at least eighteen months of age but less than three years of age, and requires the use of diapers or training pants.

(N) "Parent" means a person or government agency that is or will be responsible for a child's school attendance under section 3321.01 of the Revised Code.

(O) "Policies" mean principles governing the operation of the preschool program. Policies shall be established and adopted by the board of education.

(P) "Porta-crib" means a crib which has an interior dimension smaller than forty-nine and three-fourths inches (plus or minus five-eighths inch) in length and twenty-six and five-eighths inches (plus or minus five-eighths inch) in width. With the mattress support in its lowest position and the crib side in its highest position, the vertical distance from the upper surface of the mattress support to the upper surface of the crib side and/or end panel shall not be less than twenty-two inches.

(Q) "Preschool child" means a child who has not entered kindergarten and is not of compulsory school age.

(R) "Preschool program" means a child day-care program for children who have not entered kindergarten and who are not of compulsory school age.

(S) "Preschool staff member" means a preschool employee whose primary responsibility is care, teaching, or supervision of preschool children.

(T) "Procedures" mean an administrative course of action specified in writing.

(U) "School-age child" means a child who is five years old as of September thirtieth and enrolled in kindergarten or age six and of compulsory school age.

(V) "School building" means a building that is owned or leased and operated by the district or eligible nonpublic school and has been approved by a municipal, township, or county building department for the purpose of operating a program for preschool children.

(W) "School district" means any city, county, exempted village, local, joint vocational and/or nonpublic school chartered by the state board of education.

(X) "Space" means an area defined by continuous barriers that are at least thirty-six inches in height. The barriers may be permanent or nonpermanent walls, bookcases, partitions or some familiar device used to define the area.

(Y) "Supervision" means the process of overseeing the daily operation of the preschool program.

(Z) "Superintendent" means chief administrative officer of a school district or the chief administrative officer of a nonpublic school.

(AA) "Teacher" means a person hired to instruct a class of preschool children enrolled in the program.

(BB) "Toddler" means a child who is at least eighteen months of age but less than three years of age.

(CC) "Toilet-trained toddler" means a child who is at least eighteen months of age but less than three years of age and does not require the use of diapers or training pants.

3301-37-02 Program.

(A)

A written philosophy and goals shall give direction to the program and shall provide a basis for daily operation that shall effectively promote the needs, interests, and abilities of each child through quiet and active play.

(B) A plan shall be adopted which describes the activities, learning environment, and other age-appropriate approaches which meet the developmental needs of the child.

(C) The program shall have on file and provide to each parent a written plan that will encourage parental participation and keep parents informed about the program and its services. The written plan shall include information to advise parents how to obtain copies of inspection reports of the program. A conference shall be held at least twice a year.

(D) The program shall include a balance of both quiet and active play throughout the day which shall meet intellectual, physical, social, and emotional needs of each child. The quiet and active play shall be reflected in the written program and upon actual observation of the program.

(E) A full-day program serving preschool children shall have a nap period reflected in the daily written program.

(F) A copy of the program schedule for each age group shall be made available for evaluation to the department.

(G) Child progress shall be reviewed according to the program philosophy and goals. Reports of progress shall be made to parent(s) at established intervals. All reporting shall be according to established procedures of the board of education.

3301-37-03 Staff.

(A) The director and staff shall be recruited, employed, assigned, evaluated, and provided in-service education in accordance with adopted board policies and without discrimination on the basis of age, color, national origin, race, sex, or handicap.

(B) The director and staff shall be assigned responsibilities in accordance with written position descriptions commensurate with their certification and qualifications, respectively. The director and/or head teacher shall be onsite at the preschool program at least half of the program's operating hours.

(C) The director shall hold either a valid prekindergarten teaching certificate issued under section 3301.50 of the Revised Code, a valid kindergarten-primary certificate issued under sections 3319.22 to 3319.29 of the Revised Code, or a valid elementary principal's certificate issued under sections 3319.22 to 3319.29 of the Revised Code and have completed at least four course in child development or early childhood education from an accredited college, university, or technical college. A director employed to direct a program operated by an eligible, nontax-supported, nonpublic school shall be considered to meet the requirements of this rule if he holds a valid teaching certificate issued in accordance with section 3301.071 of the Revised Code.

(D) The preschool staff member assigned in each preschool class shall be of good character, possess adequate physical and emotional health, be equipped by education, training, and/or experience for the work they are to perform, and meet the requirements as prescribed in division (B) of section 3301.54 of the Revised Code.

(E) Each class/group in a preschool program on or after July 1, 1993 shall have assigned a head teacher or teacher and that head teacher or teacher shall have one of the following:

(1) Valid prekindergarten teaching certificate issued under section 3301.50 of the Revised Code;

(2) Valid prekindergarten associate certificate issued under section 3301.51 of the Revised Code;

(3) Valid kindergarten-primary certificate issued under sections 3319.22 to 3319.29 of the Revised Code and have completed at least four courses in child development in early childhood education from an accredited college, university, or technical college;

(4) A bachelor's degree in child development or early childhood education earned from an accredited college or university with a minimum of thirty quarter or twenty semester hours in child development/preschool program planning and methods including a supervised practicum with preschool children; or

(5) If the person is employed as a head teacher or teacher in a preschool program operated by an eligible nontax-supported, nonpublic school, he shall be considered to meet the requirements of this rule if he holds a valid teaching certificate issued in accordance with section 3301.071 of the Revised Code.

(F) A preschool staff member shall annually complete fifteen hours of in-service training in child development or early childhood education; child abuse recognition and prevention; first aid; and/or in prevention, recognition, and management of communicable diseases, until a total of forty-five hours has been completed, unless he holds an associate or higher degree in child development or early childhood education from a accredited college, university, or technical college, a prekindergarten associate certificate issued by the state board of education, or a prekindergarten teaching certificate.

(G) The training specified in this rule shall be provided by an approved leader who shall have at least two years of experience specific to the subject area and possess one of the following:

(1) An associate or higher degree in child development or early childhood education, education, home economics, nursing, nutrition, psychology, dental hygiene, or social work. Evidence of an associate or higher degree shall be a copy of a diploma, a transcript, or other written evidence accepted by the director as evidence of completion of at least ninety quarter credit hours or sixty semester credit hours from an accredited college, university, or technical college. The course work shall include at least thirty-six quarter credit hours or twenty-four semester credit hours in courses in any of the subject areas listed in paragraph (F) of this rule;

(2) A prekindergarten certificate issued by the state board of education: or

(3) A license as a physician or registered nurse.

(H) Preschool staff members who have met the requirements as stated in paragraph (F) of this rule shall be required to complete at a minimum four-tenths of one continuing education unit of training in child care, child development, early childhood education, or other child-care related subjects per employment year. The training shall be provided in accordance with rule 3301-22-01 of the Administrative Code.

(I) A director and preschool staff member must not have pleaded guilty or have been convicted of any offense mentioned in division (C) of section 3301.54 of the Revised Code and shall sign and provide a statement attesting to such as required by division (C) of section 3301.54 of the Revised Code.

(J) Each director and preschool staff member shall be examined by a licensed physician not more than thirty days before employment. An employee medical statement shall be on file and be available for review by the department. A director or preschool staff member hired before July 1, 1988 shall be examined by a licensed physician not more than twelve months before the first day of school.

(K) The preschool staff member/child ratio must be maintained at all times. Sufficient preschool staff members must by physically present with the children at all times to meet staff member/child ratio requirements. Each class/group, on or after July 1, 1993, shall have at least one head teacher or teacher as defined in paragraph (E) of this rule. No child shall ever be left alone or unsupervised. In each program the maximum number of children per preschool staff member and the maximum group size by age category of children shall be as follows:

Age Group	Staff Member/Child Ratio	Maximum Group Size
Birth to less than 12 months	1:5, or 2:12 if two preschool staff members are in the room	12
12 months to less than 18 months	1:6	12
18 months to less than 30 months	1:7	14
30 months to less than three years	1:8	16
3 year olds	1:12	24
4 and 5 year olds not in school	1:14	28

(L) At least two responsible adults shall be readily available at all times when seven or more children are present in the program. One adult shall be a preschool staff member. The second adult shall:

(1) Be available within the building used for the preschool program or in an adjacent outdoor area;

(2) Be able to be summoned by the preschool staff member without leaving the group alone or unsupervised; and

(3) Be able to react in response to such summons so as to reduce risk to children during an emergency circumstance.

(M) When age groups are combined, the maximum number of children per preschool staff member shall be determined by the age of the youngest child in the group, except that when no more than one child, thirty months of age or older, receives care in a group in which all the other children are in the next older age group, the maximum number of children per preschool staff member and maximum group size requirements of the older age group established in paragraph (K) of this rule shall apply.

(N) In a room where children are napping, if all children are at least eighteen months of age, the maximum number of children per preschool staff member shall, for a period not to exceed one and one-half hours in any twenty-four-hour day, be twice the maximum number of children per preschool staff member established in paragraph (K) of this rule if all the following criteria are met:

(1) At least one preschool staff member shall be physically present in the room at all times during nap time. The preschool staff member(s) assigned to a room where children are napping shall be responsible for the care and supervision of the children in the room and shall be able to summon other child-care staff members without leaving the room;

(2) There shall be enough preschool staff members readily accessible within the building in which the program is located to ensure that the maximum number of children per preschool staff member as required by paragraph (K) of this rule is met at all times; and

(3) Nap-time preparation shall have been completed and all napping children shall be resting or sleeping on cots.

3301-37-04 Policies and Procedures.

(A) The program shall be guided by written policies of the board which are consistent with applicable statutory requirements contained in the Revised Code and rules adopted by the state board of education. Such policies appropriate for children enrolled in the program shall include, but not be limited to:

- (1) Staff;
- (2) Cumulative records;
- (3) Developmentally-appropriate program planning;
- (4) Health and safety;
- (5) Developmentally-appropriate materials and equipment;
- (6) Admission;
- (7) Attendance and discipline;
- (8) Selection and use of developmentally-appropriate materials, equipment, and resources that meet the intellectual, physical, social, and emotional needs of the preschool child;
- (9) Management of communicable diseases; and
- (10) Transportation and field trips.

(B) Each school district or eligible nonpublic school that operates a program shall assign responsibilities for the following:

- (1) Ensuring that the health and safety of the children are safeguarded by an organized program of school health services designed to identify child health problems and to coordinate school and community health resources for children, as evidenced by but not limited to:
  - (a) Requiring immunization and compliance with emergency medical authorization requirements in accordance with rules adopted by the state board of education under section 3301.53 of the Revised Code;
  - (b) Providing procedures for emergency situations, including fire drills, rapid dismissals, and tornado drills in accordance with section 3737.73 of the Revised Code, and keeping records of such drills or dismissals;
  - (c) Posting medical and dental emergency procedures in each preschool room and by each telephone and making such available to school personnel, children, and parents;
  - (d) Posting emergency numbers by each telephone;
  - (e) Supervising grounds, play areas, and other facilities when scheduled for use by children; and
  - (f) Providing first-aid facilities and materials.
- (2) Supervising each child's admission, placement, and withdrawal according to established procedures.
- (3) Preparing at least once annually for each group of children in the program a roster of the name and telephone number of the child and the child's parent and, on request, furnishing the roster for each parent.
  - (a) Preparing a similar roster of all children in the program and, on request, make it available to each parent with a child in the program.

(b) Securing from each parent a signed statement indicating whether such individual desires to be included in rosters prepared in accordance with this paragraph.

(c) Ensuring that a roster is not furnished to any person other than a parent.

(C) Prior to the administration of a medication, food supplement, modified diet, or fluoride supplement, the program shall:

(1) Secure the written instructions of a licensed physician or licensed dentist as appropriate for the administration of any medication, food supplement, modified diet, or fluoride supplement; and

(2) Secure the written, signed, and dated instructions of the parent or guardian on the form provided by the director for the administration of the medication, food supplement, modified diet, or fluoride supplement.

(D) Each time medication is administered, a written record or log including dosage, date, and time shall be made. That record or log shall be kept on file for one year.

(E) Any parent of a child enrolled in the program shall be permitted unlimited access to the school during its hours of operation to contact his child, evaluate the care provided by the program, the premises, or for other purposes approved by the director. Upon entering the premises, the parent shall report to the school office.

(F) In each building in which a program is operated there shall be readily available at all times at least one preschool staff member who has completed a course approved by the State Department of Health or the approved "American Red Cross" training program in:

(1) First aid; and

(2) Prevention, recognition, and management of communicable diseases.

(G) In each building in which a program is operated, there shall be readily available at all times at least one preschool staff member who has completed a course approved by the department in child abuse recognition and prevention.

(H) Infants and nonambulatory children eighteen months of age or older shall receive care in rooms on the first story with grade level exits to the outside unless approved by a certified fire safety inspector or state fire marshal. Care on a story other than the first story shall be annually approved by a certified fire safety inspector or state fire marshal. If other than the first story, the annual fire approval form prescribed by the department shall indicate the story approved for care of infants and nonambulatory children eighteen months of age or older.

(I) All preschool staff members shall wash their hands with soap and running water after each diaper change, or after assisting a child with toileting; after cleaning; after toileting; before preparing or eating food; before feeding any child; and when hands have been in contact with nasal or mucous secretions. Disposable towels or an air hand dryer shall be available at all times.

(J) A preschool program serving a handicapped child in a public school shall do so in accordance with Chapter 3301-51 of the Administrative Code concerning education of the handicapped and a preschool program serving a child in an eligible nonpublic school shall do so in accordance with rule 5101:2-12-52 of the Administrative Code concerning care of children with handicapping conditions or health conditions.

(K) The preschool program shall have written permission from the parent or guardian of a child before the child shall be permitted to swim or otherwise participate in water play activities in bodies of water two or more feet in depth. The written permission shall be signed and dated, and shall include the following:

(1) The child's name;

(2) A statement indicating whether or not the child is a swimmer, and

(3) That the parent or guardian grants permission for the child to participate in water activities.

(L) Swimming pools, wading pools, and other bodies of water two or more feet in depth shall be fenced or otherwise made inaccessible to the children when adult supervision is not available.

(M) Preschool staff members shall always accompany and supervise children at swimming sites including, but not limited to public or private swimming pools, lakes, or rivers. Swimming sites removed from the program shall be approved and supervised by local authorities. Activities in bodies of water two or more feet in depth shall be supervised by persons who are currently certified as lifeguards or water safety instructors by the "American Red Croiss" or an equivalent water safety program.

(N) The program shall provide enough preschool staff members to meet the requirements of rule 3301-37-03 of the Administrative Code at all times during swimming and water play activities.

3301-37-05 Child Information.

(A) The parent shall provide, prior to the date of admission or not later than thirty days after date of admission, and annually from the date of examination thereafter, a report from a licensed physician affirming that the child is in suitable condition for enrollment in the program. "Prior to the date of admission" means:

(1) For children younger than three years old at the time of admission, the examination shall occur within six months prior to the date of admission; or

(2) For children three years old or older at the time of admission, the examination shall occur within twelve months prior to the date of admission.

(B) The cumulative record of each child shall include but not be limited to:

(1) Name and date of birth;

(2) Name, address (home and/or business), and telephone number of parent(s);

(3) Names, addresses, and telephone numbers of two persons to contact in an emergency if the parent cannot be located;

(4) Name of person(s) to whom the child can be released; and

(5) Parent authorization for transportation related to the program.

(C) The health record of each child shall include but not be limited to:

(1) A statement signed by a licensed physician as required by paragraph (A) of this rule;

(2) Physician's and dentist's authorizations and written instructions to administer prescription medication to a child enrolled in the program;

(3) Immunization record as required by section 3313.67 of the Revised Code, which record shall include immunization required by section 3313.671 of the Revised Code;

(4) A list of any allergies and treatment for said allergies;

(5) A list of any medications, food supplements, modified diets, or fluoride supplements currently being administered to the child;

(6) A list of any chronic physical problems and any history of hospitalization;

(7) A list of any disease the child has had;

(8) Names, addresses, and telephone numbers of physician and dentist in case of emergency;

(9) Permission of parent for emergency medical and dental care as required by section 3313.712 of the Revised Code; and

(10) Permission of parent for emergency transportation.

(D) The program shall maintain daily attendance records including admission and withdrawal.

(E) The program shall secure and have on file all required information no later than the first day of attendance unless otherwise required.

3301-37-06 Facility.

(A) The program shall be located in a safe and convenient facility that accommodates the enrollment, supports child growth and development according to program objectives, and meets the requirements of section 3301.55 of the Revised Code. The facility shall be for the exclusive use of the children enrolled in the preschool program when that program is in session.

(B) The facility shall include not less than thirty-five square feet of usable, wall-to-wall, indoor floor space for each child. Such floor space shall not include hallways, kitchens, storage areas, or any other areas not available for the care of children. Bathrooms shall be included only if they are used exclusively by children enrolled in the program.

(C) Safe play space, including both indoor and outdoor play space, totaling not less than sixty square feet for each child using the space at any one time, shall be regularly available and scheduled for use.

(1) The surface of the outdoor play space shall be well drained.

(2) The play space shall be free of hazards.

(D) Programs serving infants shall have designated space apart from sleeping quarters so that each infant is allowed to sit, crawl, toddle or walk, and play safely and comfortably according to his stage of development.

(E) Infants, nontoilet-trained toddlers, and children enrolled who are permanently assigned to a group of infants or nontoilet-trained toddlers shall receive care in a space or spaces apart from all spaces used to care for toilet-trained toddlers and/or children enrolled in the programs.

(F) When children in diapers use space also used by other children, the space shall be for the exclusive use of said children in diapers while they are within the space.

(G) When nontoilet-trained children are enrolled, there shall be handwashing facilities available within the space or spaces where the nontoilet-trained children receive care.

(H) Handwashing facilities that are located elsewhere may be used when the following requirements are met:

(1) For the purposes of diaper changing, no more than one infant per preschool staff member shall be removed at any time from the space or spaces where the nontoilet-trained children receive care; and

(2) The staff member/child ratio requirements of paragraph (K) of rule 3301-37-03 of the Administrative Code shall be maintained at all times within the space or spaces where the nontoilet-trained children receive care.

3301-37-07 Equipment and Supplies.

(A) Indoor and outdoor play space shall contain furniture, materials, and equipment of appropriate size and type to meet the intellectual, physical, social, and emotional needs of the preschool children enrolled in the program. Materials and equipment shall be:

(1) Maintained in a safe and sanitary condition; and

(2) Provided in quantities proportionate to the enrollment.

(B) Furniture, materials, and equipment shall meet safety and sanitation guidelines developed by the department. The following requirements shall be met:

(1) Protective mats shall be placed under climbers;

(2) Electrical outlets shall be covered when not in use;

(3) Space heaters shall not be used in any preschool program unless approved in writing by the building and/or fire official having jurisdiction in the area; and

(4) If electrical fans are used, they shall have protective coverings; shall not be easily tipped over; and shall be placed so that they are not hazardous to children.

(C) Play materials to be used in the program shall be arranged so that children may select, remove, and replace play materials with a minimum of assistance.

(D) First-aid supplies shall be readily available at all times the program is in operation.

(E) One cot shall be available for each child who remains more than five consecutive hours in the program. Each cot, with individual bedding, shall be labeled in some manner as to who is assigned to use the cot and shall be for the exclusive use of each child between sanitation procedures. Cots shall be thoroughly cleaned with an appropriate germicidal detergent and regularly sanitized before assignment for use by another child.

(F) Each infant shall be provided with a separate crib.

(1) There shall be one crib available which meets the requirements of this rule for each infant.

(2) Each crib shall be labeled with each infant's name who is assigned to use the crib and shall be for the exclusive use of said child between sanitation procedures. Cribs shall be thoroughly cleaned with an appropriate germicidal detergent and regularly sanitized before assignment for use by another child.

(3) Only children under thirty inches tall shall be assigned to use a porta crib.

(4) Porta cribs with dimensions less than thirty-six inches in length and twenty-four inches in width shall not be used by children enrolled in the program.

(5) Only children under thirty-five inches tall shall be assigned to use a full-sized crib. Children over thirty-five inches tall shall be assigned to use a cot.

(G) Each crib shall be of sturdy construction, with closely spaced bars not exceeding two and three-eighths inches. Stacked cribs, mesh cribs, playpens, and bassinets shall be prohibited.

(H) Each crib shall have a firm mattress with a minimum thickness of one and one-half inches.

(I) Each mattress shall be securely covered with a waterproof material which is not dangerous to children.

(J) Each mattress shall have a clean bottom crib sheet and top sheet and/or blanket which is changed at least weekly or more often as necessary. The sheets and blankets shall be changed whenever another child uses the crib.

(K) Cribs shall be spaced apart from each other by a minimum of two feet on all sides.

(L) The space between the mattress and the side of the crib or the end panels of the crib shall not exceed one and one-half inches.

(M) Potty chairs in the program shall not be located in areas used for food preparation or serving or in areas not normally used for diaper changing or toileting. Potties shall be emptied, cleaned, disinfected, and rinsed with water after each use. The rinsing solution shall be disposed of into a toilet, not a sink. Disposable cloths used for cleaning potties shall be used once and disposed of in a plastic-lined covered receptacle. Reusable cloths shall be stored in an appropriate germicidal solution and held for laundering for no longer than one day.

3301-37-08 Procedures for Evaluation.

(A) The superintendent or designee shall monitor monthly the following: administration of the program, facilities, funding, recordkeeping, and compliance with this chapter. Areas of noncompliance shall be corrected immediately.

(B) Information from monthly evaluations shall be aggregated and submitted to the department in an annual report.

(C) Each superintendent or designee shall receive training provided by the department in evaluating programs.

(D) The program shall be evaluated by the Department of Education to determine if such program is in compliance with Chapter 3301-37 of the Administrative Code. Such evaluation shall take place at least once every five years.

(1) The superintendent shall be informed of evaluation dates and procedures.

(2) A written report of the results of the program evaluation shall be mailed to the superintendent, the director, and the president of the board of education. The evaluation report shall specify any deficiencies and dates by which corrections will be required. The director shall notify parents and other interested parties of a public meeting to be held within thirty days of receipt of the evaluation report. The purpose of the meeting would be to discuss the results of the program evaluation. However, a public meeting held by an eligible nonpublic school may be limited to preschool staff members and parents, guardians, and custodians of the children.

(3) A plan to correct deficiencies shall be prepared and submitted to the department.

(4) Onsite verification may be conducted to review progress regarding the correction of deficiencies.

(5) An extension of the timeline or alternate means for correction of deficiencies may be approved by the department.

(6) The department shall make public notice of any deficiences which have not been corrected by the times specified in the evaluation report. Failure to comply with the rules in this chapter may be cause for initiating proceedings for withholding of funds.

(E) All complaints and reports concerning the operation of programs regulated by Chapter 3301-37 of the Administrative Code may be reported to the designated department ombudsman. The name and phone number of the designated department ombudsman shall be posted in a visible place.

(F) Records and reports related to the program shall be submitted as requested by the department.

3301-37-09 School Food Services.

(A) The program shall be in compliance with sections 3313.81 and 3313.813 of the Revised Code.

(B) The program shall provide meals and snacks of quantity and quality to supplement food served at home so that the daily nutritional needs of the child are met in accordance with required daily allowance as prescribed by the U.S. Department of Agriculture meal patterns:

(1) A food source of Vitamin C shall be served daily and a food source of Vitamin A shall be served three times per week either with the meal or snack required by this rule; and

(2) Fluid milk shall be Vitamin D fortified. Low-fat, skim, or dry powdered skim milk shall be Vitamin A and Vitamin D fortified. Reconstituted dry powdered milk shall be used only for cooking and shall not be used as a beverage.

(C) Lunch shall be served to a preschool child who is in attendance entirely through the hours of eleven a.m. and one-thirty p.m., inclusively.

(D) The snack shall be served during the longest period between meals. A choice from two of the groups listed below must be served for snack:

(1) Meat/meat-equivalent group;

(2) Bread/bread-alternatives group;

(3) Milk group; or

(4) Fruit/vegetable group.

(E) Current menus for the entire week shall be posted in a conspicuous place and shall reflect all meals and snacks to be served by the program. Any substitute foods served shall be from the same basic food group and shall be recorded on the posted menu on the day the substitute food is served.

(F) Infant food and/or formula provided by the parent shall be labeled with the child's name, date of preparation, and immediately refrigerated, except for unopened commercially prepared canned food or formula.

(G) Breast milk or formula provided by the parents shall be labeled with the child's name, the date of receipt, and immediately refrigerated. Breast milk or formula shall not be stored for more than twenty-four hours. The unused portion of formula, breast milk, or food remaining in the container from which the infant has been directly fed shall not be reheated or served a second time.

(H) Infant food and formula shall be prepared, stored, and served in a manner appropriate to the equipment use and the needs of each individual child according to his stage of development and in conformity with written instruction from the parent or physician in charge of the child.

(I) Formula shall not be heated in a microwave oven.

(J) Food heated in a microwave oven shall be stirred or shaken during heating to avoid uneven heating.

(K) Infants shall be held for all feedings.

(L) Programs that care for infants shall provide commercially prepared formula to be used in the event that the parent does not provide a quantity of formula sufficient to meet the infant's daily requirement.

(M) In addition to the requirements stated in this rule, preschool programs serving infants shall also meet the requirements specified in rules 5101:2-12-70 and 5101:2-12-71 of the Administrative Code relating to infant formula and infant foods.

3301-37-10 Diapering.

(A) The changing of diapers for all nontoilet-trained children shall be handled in conformity with the following methods:

  (1) The changing of diapers for all nontoilet-trained children shall occur in a space that contains a handwashing facility;

  (2) If an infant's diapers are to be changed in his crib, there shall be some separation material between the infant and the changing surface. The material shall be discarded and replaced after each change;

  (3) The central diaper-changing station shall be disinfected after each diaper change with an appropriate germicidal agent. If the diaper-changing station is soiled after the diaper change, it shall be cleaned with soap and water and then disinfected with an appropriate germicidal agent;

  (4) Any product used during diaper changing on more than one child shall be used in such a way that the container does not touch the child. Any product obtained from a common container and applied to a child shall be applied in such a manner so as not to contaminate the product or its container. Common containers shall be cleaned and disinfected with an appropriate germicidal agent when soiled; and

  (5) For the purpose of diapering, topical ointments and creams provided by parents shall include written instructions. Such instructions shall include the name of the ointment, cream, or lotion; name of the child; birth date of the child; date; and signature. Written instructions shall be valid for no longer than three months. Authorization for administration of the ointment, cream, or lotion may be cancelled by written request of the parent at any time. When used for skin irritations or manifestations of skin irritations, the ointment, cream, or lotion shall be administered by the center for no longer than fourteen consecutive days at any one time.

(B) Storing of clean diapers shall be handled in accordance with the following methods:

  (1) A clean supply of diapers stored in a specifically designated area shall be available at all times; and

  (2) Diapers or clothing used during diaper changing and brought from the child's home shall be stored in space assigned exclusively for each child's belongings.

(C) Storage and laundering of soiled diapers shall be handled in accordance with the following methods:

  (1) Diapers or clothing soiled with fecal matter and sent home with a child need not be rinsed at the program facility, but may be placed directly into a plastic container or bag, sealed tightly, stored away from the rest of the child's belongings and out of the reach of children;

  (2) Soiled diapers to be disposed of or cleaned by the program shall be placed in a common plastic-lined covered container which shall be emptied, cleaned, and disinfected with an appropriate germicidal agent daily or more frequently as needed. Diapers to be laundered at the program facility should be stored in an appropriate germicidal solution until laundered;

  (3) Soiled diapers to be commercially laundered shall be held for pickup for laundering for no longer than seven days;

  (4) Diapers to be laundered at home or by the program shall be held for laundering for no longer than one day; and

  (5) Soiled disposable diapers shall be discarded daily.

3301-37-11 Management of Communicable Disease.

(A) A person trained to recognize the common signs of communicable disease or other illness shall observe each child daily as he enters a group. A "person trained to recognize the common signs of communicable disease" means any person trained in prevention, recognition, and management of communicable diseases as required by paragraph (F) of rule 3301-37-04 of the Administrative Code.

(B) The following precautions shall be taken for children suspected of having a communicable disease:

  (1) The program shall immediately notify the parent or guardian of the child's condition when a child has been observed with signs or symptoms of illness;

  (2) A child with any of the following signs or symptoms of illness shall be immediately isolated and discharged to his parent or guardian:

    (a) Diarrhea (more than one abnormally loose stool within a twenty-four hour period);
    (b) Severe coughing, causing the child to become red or blue in the face or to make a whooping sound;
    (c) Difficult or rapid breathing;
    (d) Yellowish skin or eyes;
    (e) Conjunctivitis;
    (f) Temperature of one hundred degrees Fahrenheit taken by the axillary method when in combination with other signs of illness;
    (g) Untreated infected skin patch(es);
    (h) Unusually dark urine and/or grey or white stool; or
    (i) Stiff neck.

(3) A child with any of the following signs or symptoms of illness shall be immediately isolated from other children. Decisions regarding whether the child should be discharged immediately or at some other time during the day shall be determined by the director and the parent or guardian. The child, while isolated at the program, shall be carefully watched for symptoms listed in paragraph (B)(2) of this rule as well as the following:

- (a) Unusual spots or rashes;
- (b) Sore throat or difficulty in swallowing;
- (c) Elevated temperature;
- (d) Vomiting; or
- (e) Evidence of lice, scabies, or other parasitic infestation.

(4) Programs shall follow the Ohio Department of Health "Child Day Care Communicable Disease Chart" for appropriate management of suspected illnesses;

(5) A child isolated due to suspected communicable disease shall be:

- (a) Cared for in a room or portion of a room not being used in the preschool program;
- (b) Within sight and hearing of an adult at all times. No child shall ever be left alone or unsupervised;
- (c) Made comfortable and provided with a cot. All linens and blankets used by the ill child shall be laundered before being used by another child. After use, the cots shall be disinfected with an appropriate germicidal agent, or, if soiled with blood, feces, vomitus, or other body fluids, the cots shall be cleaned with soap and water and then disinfected with an appropriate germicidal agent;
- (d) Observed carefully for worsening condition; and
- (e) Discharged to parent, guardian, or person designated by the parent or guardian as soon as practical.

(C) Each program shall have a written policy concerning the management of communicable disease. The policy shall include, at a minimum:

(1) The program's means of training all preschool staff in signs and symptoms of illness and in handwashing and disinfection procedures;

(2) Procedures for isolating and discharging an ill child and policy for readmitting such child;

(3) Procedures for notifying the parent or guardian immediately when a child is exhibiting signs or symptoms of illness or has been exposed to a communicable disease; and

(4) Procedures regarding the care of a mildly ill child. "Mildly ill child" means a child who is experiencing minor common cold symptoms, but who is not exhibiting any of the symptoms specified in paragraph (B) of this rule or a child who does not feel well enough to participate in activities, but who is not exhibiting any of the symptoms specified in paragraph (B) of this rule.

IEPs FOR THE PRESCHOOL CHILD SPECIAL CONSIDERATIONS

Goals and Objectives that are both exceptionality appropriate and developmentally appropriate.

Criterion and Evaluation that are both developmentally appropriate and exceptionality appropriate.

Objectives that support transition should be considered.

Goals and Objectives for Parents are optional.

LEVEL: ADMINISTRATOR

GOAL: #5 Understand various IEP formats appropriate for young children.

COMPETENCY TYPE: SKILL

OBJECTIVE: Participants will demonstrate interpersonal skills when working with children and families.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Small group activity Define interpersonal skills. Role Play — IEP meeting. Give feedback specific to interpersonal skills.	1. Handout (A-H6)	1. Form small groups and have participants take role of parent, teacher, administrator, psychologist, significant others. Discuss experience with large group. Another option would be to share script with several volunteers over a break and ask them (ahead of time) to role play scenario in front of the large group. Discuss the interpersonal skills needed to successfully conduct the meeting.

SCRIPT

1. This role play shows IFSP–IEP transition and IEP in ECSE to IEP in public school transition for one child who will age by more than three years in the process.
2. Service cascade/Handout.

Student: Seth Lapinsky

Scenario 1:

Seth is a child with Down Syndrome who has been in an early intervention program. This MFE team meeting is to transition Seth from Early Intervention Services to Early Childhood Services within the Public School.

(MR/DD Admin.) — We're here to discuss the transition planning for Seth to enable him to go from our MR/DD facility, Early Intervention Services to the Public School Early Childhood Program for Children with Disabilities. Diane, would you please review the results of your testing.

(Psych.) — Seth displays documented deficits in the areas of cognitive functioning, adaptive behavior and communication. KABC MPC 57, Vineland Composite = 61, communication = 52, socialization = 54. Language assessment revealed limited spontaneous speech and gestures to indicate wants. The evaluation was conducted in a variety of settings and Mrs. Lapinsky was involved with some of the observations and interview process. Seth is eligible per current rules and new rules for preschool children with disabilities.

(Teacher) — Seth uses gestures to tell his wants and needs, we have contrived interactions with typically-developing peers in order to get communication skills to develop. He is beginning to cooperate in using the potty, he washes his hands with some physical prompts and drinks with some spilling from a small cup. Mrs. Lapinsky and I have communicated extensively through notes, phone calls and personal visits to discuss Seth's progress and activities for her to carry out in the home.

(Admin.) — Based on the results of this evaluation, the team has determined Seth to be eligible for preschool services for children with a disability. Previously he was served as a child who was at-risk. The public school system has a different set of rules to evaluate children and determine if they qualify for services as a preschool child, ages three, four, and five. If Seth would not have qualified as a child with a disability, I would discuss a preschool program for at-risk or typically-developing children as a placement for Seth.

(Mrs. Lapinsky) — So what does this mean? Where will Seth go to school?

(Psych.) — Although I'm not the district representative, this is what we discussed prior to my coming here. Mrs. Lapinsky, we see five options: a segregated class (disability only) at Oak Street School, a center-based class with typically-developing peers at Pine Ridge School, a center-based class in a community-based preschool with an itinerant teacher and itinerant services in your home. Speech therapy would be provided at any of these.

(Mrs. Lapinsky) — What about PT and OT? He was given PT and OT services for his early intervention services.

(Psych.) — He does not qualify for PT or OT because his motor delays do not have an adverse effect on normal development and functioning.

(Mrs. Lapinsky) — OK. So you're saying that Seth does not qualify for PT or OT, but he does qualify for speech therapy. I want him to be in a typically-developing class. Who is going to pay for transportation or will he be able to ride a school bus? Will the therapist pull him in to another room to work with him? And what about aesthetic appreciation? Doesn't he have a documented deficit in that?

(Teacher) — I see the speech therapist working very nicely with Seth in the typical environment to develop his language skills rather than pulling him into an isolated setting.

(Psych.) — We don't have any buses for the preshcool children to ride. We pay the parents to transport their children. The speech therapist works with the children within the classroom. We think that it's important for the child to develop speech and language naturally within the classroom setting.

(Admin.) — Aesthetic appreciation is addressed through the curriculum — it's not a "deficit." Did you bring the IEP that was written for Seth? We had planned on Seth coming back to the MR/DD preschool program and we wrote an IEP that would reflect goals we would have for him there.

(Mrs. Lapinsky) — Wait! I thought IEP's were developed at the conference and so I threw that IEP away. I'm really glad that I did that because I didn't know that we had all these options. I'm really excited to have all these options to choose from and to have Seth with his normal peers to make friends.

(Admin.) — I'm sorry, I didn't realize all the options either or that you wanted Seth with other kids.

Scenario 2:

Seth has now turned six and is being transitioned from a preschool program for children with disabilities into a public school, school-age program. The re-evaluation was done as required by law every three years.

(Dist. Admin.) — (review criteria 0-2 suspected disability at risk, 3-5 preschool). Based on the re-evaluation data, the assessment team has determined that Seth qualifies for a DH program with speech therapy according to Blue Book rules. Diane explain the testing.

(Psych.) — Seth attained KABC MPC = 64, Vineland = 67 composite, communication = 69, socialization = 70.

(Teacher) — Seth has learned some one-word responses, some occasional phrases which are intelligible within structured settings, more consistent use of meaningful gestures. He parallel plays with peers but he also gives and takes some toys with peers and uses gestures for "please" in those situations. The speech therapist worked within Seth's integrated program to develop his language and this has been marvelous.

(Admin.) — I'm involved with the preschool program but also with the public school-age program. We have a DH class in your school district at Center Park which is not Seth's neighborhood school. I have checked on transportation and it would be a 45-minute bus ride for Seth to attend the DH class.

(Mrs. Lapinsky) — I really don't want a 45-minute bus ride. I know the Center Park building and it's only a 10-minute ride if I take Seth there. But I'm really concerned with Seth being integrated with his peers. That's very important and I understand from his preschool program that this works well for Seth.

(Teacher) — I strongly support your wish for having Seth in an integrated program or mainstreamed in the regular education classroom. I also strongly feel that Seth needs special education services for support and to develop his functional academic skills.

(Admin.) — I know that we would reimburse you for transporting Seth to school. We also have the option of having small group instruction within Seth's neighborhood school building, but this is not a reimbursable cost to the district.

(Psych.) — Is small group instruction or tutoring really the most appropriate education for meeting Seth's needs?

(Teacher) — I again feel strongly that Seth needs to be mainstreamed but also needs classroom placement and services. I really believe he needs more services than tutoring based on the experiences I've had with Seth in our center-based classroom.

(Mrs. Lapinsky) — I will provide the transportation but I still want integration and lots of integration.

(Admin.) — Are you thinking of having Seth in a full-day program or a half-day program?

(Mrs. Lapinsky) — I thought kindergarten was only a half day.

(Admin.) — What we can offer is a half-day class in the kindergarten and then a half-day class in the DH class. This means a full day for Seth.

(Mrs. Lapinsky) — That sounds great. I think Seth will be able to handle a full day of class everyday.

(Admin.) — How about if we put Seth in the morning kindergarten class and in the DH class in the afternoon. We can also put a review date on the IEP of October 25 to be sure we review the placement. That way we can be sure Seth can handle the full-day class and also to be sure he is able to function within the regular kindergarten classroom. We can also check to be sure he needs the special education class rather than only tutoring. Does this sound good to everyone on this team?

(Everyone shakes head yes and says yes).

LEVEL: ADMINISTRATOR

GOAL: **#5** Understand various IEP formats appropriate for young children.

COMPETENCY TYPE: VALUE/ATTITUDE

OBJECTIVE: Participants will value the role of the administration in the IEP process.

ENABLING ACTIVITIES	RESOURCES/MEDIA/READINGS	LEADER NOTES
1. Large group activity Brainstorm how administrators can facilitate a successful IEP conference.	1. Flip Chart	1. Encourage participants to reflect on the administrators role in ensuring sensitivity to diversity (e.g., ability, cultural, racial, religious, gender, etc.) during the IEP meeting and throughout the IEP process.
2. Discuss destruction of records.	2. Handout (A-H7) *Sample Notification of Intent to Destroy Records, PEP Cleveland.*	2. Reflect on whether the IEP document would ever be included in this category.

SAMPLE
NOTIFICATION OF INTENT TO DESTROY RECORDS

______________________________ Center

Dear Parent:

State Regulations allow schools to destroy personally identifiable data after the data are no longer needed to provide an educational program service for students. In accordance with these Regulations, we intend to destroy such data concerning your child ________________

______________________________ on ______________________________ ,
with the exception of the following data:

____

____

____

____

____

You have the right to obtain a copy of data in the record prior to its destruction. If you wish to exercise this right, inform the school in writing to ______________________________ ,

______________________________ , at ______________________________ not later than

______________________________ Positive Education Program records will be provided at the cost of duplication. Current cost may be obtained from the Administrative Assistant in PEP's Central Office.

Sincerely yours,

M. Lee Maxwell, Ph.D.
Associate Director
Chief Psychologist
Positive Education Program

The Positive Education Program is a service agency of the Cuyahoga Community Mental Health Board and operates under the auspices of the Cuyahoga County Board of Education.

DESTRUCTION OF PERSONALLY IDENTIFIABLE DATA

The agency will inform the parents/guardians when personally identifiable information is no longer needed to provide educational services to the child. Prior to the destruction of data, reasonable effort shall be made by the agency to inform the parent of the agency's intent, so that parents/guardians may request copies prior to destruction.

The agency may retain personally identifiable data permanently unless the parents/guardians request that it be destroyed. The agency will remind parents upon such a request that the records may be needed by them or the child for Social Security benefits or other purposes.

Information shall be destroyed at the request of the parent/guardian, except a permanent record may be maintained without time limitation of the following information:

a. Student's name, address, and phone number
b. Attendance record
c. Child's grades and classes attended
d. Child's grade level and year completed

Barbara Lowenthal

IEP
PURPOSES AND IMPLICATIONS

Barbara Lowenthal, M.A., is Preschool Teacher in special education at Mark Twain School, 515 E. Merle Lane, Wheeling, IL 60090.

P.L. 94-142, the Education for All Handicapped Children Act, mandates that every handicapped child will have an individualized education program (IEP). This mandate not only affects the lives of handicapped children but has a great impact on the lives of all children, teachers, administrators, and parents, since every handicapped child is entitled to an education at his or her optimal level of ability and with nonhandicapped children as much as possible. Any segregation based on differences is contrary to children's civil rights and detrimental to their welfare (Hare and Hare 1977).

Requirements of P.L. 94-142

P.L. 94-142 has four main purposes (Abeson and Weintraub 1977):

- To guarantee the availability of special education to handicapped children who need it.
- To assure fairness and appropriateness in decision making about these students.
- To establish clear management and auditing procedures regarding special education.
- To financially assist the efforts of state and local government with federal funds.

The device to achieve these purposes is the written *individualized education program* (IEP). This program is designed for one child, not a group, and details the services that actually will be provided to the child; it does not just list guidelines from which a program will be subsequently built.

The IEP is required by P.L. 94-142 to include: a written statement developed in a meeting by a representative or administrator of the local school district, the teacher, the parent, and, when appropriate, the child. This statement must include the child's present level of educational performance, long-term goals and short-term objectives, special media and services, the extent to which the child will participate in regular education, the physical education program, a justification for placement, a list of individuals responsible for program implementation, projected dates for initiation and duration of services, and evaluation procedures to determine at least on an annual basis if the goals have been achieved.

Turnbull, Strickland, and Hammer (1978) stress that the IEP must be written within 30 days of the initial diagnosis of the child's need for special services. Children cannot be placed in a special education program until their IEP's are written.

The key phrase in the definition of special education in P.L. 94-142 is "specially designed instruction to meet the unique needs of a handicapped child." Now, for many handicapped children, special education will not comprise their total education program.

The IEP can be implemented in a regular or special class in a public or private school, public or private institution, or the home or a hospital if the child is there because of the nature of the handicap.

P.L. 94-142 does not require that handicapped children be given the best education, but they must be provided an appropriate education that will meet their needs.

The IEP is not a binding contract but a statement of services the student will receive. If the services are substantially altered, then the child will not be considered to be receiving an appropriate education, and the school will not be given federal funds for these services.

How is handicapped defined?

Any child with a disability will not necessarily be considered handicapped under the law (Abeson and Weintraub 1977). For example, a child with a hearing aid who can function adequately in the regular classroom would not be considered handicapped — only children whose disabilities require special education and related services. Handicapped children are defined by the law (Cronin 1978) as those who are mentally retarded, hard of hearing, deaf, health and orthopedically impaired, multihandicapped, deaf-blind, learning disabled, speech impaired, visually handicapped, and emotionally disturbed.

What is the least restrictive alternative?

Designing educational programs that deal with individual differences has long been a goal of American education. P.L. 94-142 recognizes and implements this objective for handicapped children (Turnbull, Strickland, and Hammer 1978). It states that to the maximum extent appropriate, handicapped children are to be educated in regular education programs. This concept has become known as the *least restrictive alternative*. Regular teachers are just as involved as special teachers in developing and implementing the IEP if the handicapped pupil is placed in regular classes. Special classes, separate schooling, or other removal of the child from the regular classroom will not occur unless the student cannot benefit from regular education with the addition of special services. A handicapped child no longer can be placed in any program because of a label, an arbitrary age limit, or administrative convenience.

How are IEP goals and objectives determined?

Before beginning to write the IEP, the professionals who will be involved in the planning should assess the child's level of performance. This assessment should be individualized according to the child's handicap and cultural and linguistic background. This assessment information should provide the basis for selecting goals and objectives. Written *annual goals* are required to ensure accountability, focused teacher planning, and facilitate home-school cooperation. The student's strengths, weaknesses, best mode of learning, age, grade, and previous learning should be considered in determining these goals. Goals must be evaluated at least once a year to determine whether to write a new program or to cease special education for the child who no longer needs it.
Short-Term objectives can be thought of as steps between the child's current levels of functioning and the long-range goals. Curriculum guides can help in selecting sequenced objectives; however, these must be written in performance terms and be realistic for the

pupil. Objectives should be monitored more often than goals, perhaps weekly. Three or four objectives should be written in each area, and those, unlike annual goals, can be changed without parental permission.

All materials and services need not be listed in the IEP, only those that meet the unique needs of the child. Appropriate related services required by the law (Cronin 1978) include audiology and speech pathology, psychological counseling, early identification, social work, physical and occupational therapy, medical evaluations, counseling, school health, recreation, and transportation.

Who determines these goals and objectives?

P.L. 94-142 specifies the people to be involved in the IEP planning conference to ensure that those who have the most information about the child are represented in the decision-making process. The *local school district representative* has knowledge of and access to available resources. The *teacher* knows the actual classroom learning climate and by involvement in the planning process can better implement the special program. *Parents* participate because they have unique knowledge about the needs and development of their child. A legal guardian or parent advocate who has written permission to speak for the parent could substitute for the natural parent (Sherr 1977). *Professionals* actively involved in working with the student such as a psychologist or social worker, a representative of the initial assessment team, and a representative of a private school or institution (if the child is currently placed there) should also be present. The *child* should be at the conference, whenever appropriate, as recipient of the service.

How is the IEP planning meeting conducted?

Scheduling the meeting should be done at a time and place convenient for the parents. The local school district must document that it has made a sincere effort to involve the parents by written confirmation of phone calls, letters, and home visits.

The chairperson of the IEP team, the school district representative, has a responsibility to inform the parents of their rights as well as to set a positive, friendly tone for the meeting. This representative can describe resources within the school district such as open classrooms, performance contracting, media centers, or individually prescribed instruction. Even if the resources are not currently available, they must be listed on the IEP and be provided to the child either from within or outside the district (Greer and Torres 1977).

The teacher's function is to explain the teaching methods that will be used to implement the program in the classroom.

Educators and parents alike are responsible for developing long-term goals and short-term objectives for the child and determining the types of services required. The parents have a responsibility to honestly describe the child's behavior at home and by realistically requesting services. They should also be informed about activities that can be done at home to help their child.

Parents have the right to question any procedures and should make certain their child is placed in the least restrictive environment. They should be counseled not to make any negative comments about the professionals who are currently working with their child since this places the child in an uncomfortable position.

If there are unsolvable disputes between the parents and the school district, there are procedures for the parent to appeal the school decision. A parent may request a due process hearing for any of the following reasons:

- Objection to a proposed case study evaluation or to the failure of the school to provide an evaluation.
- Failure of the school to consider evaluations by qualified professionals outside the district.
- Objection to a proposed special education placement or to a continuing placement.
- Objection to a major change in the child's placement.
- Termination of the child's program.
- Failure of the school district to place the child in the least restrictive educational environment.
- A reasonable belief that the child has been suspended due to his or her handicap.

How will P.L. 94-142 affect education?

The impact of P.L. 94-142 and its requirements for individualized education planning will be far-reaching since the law is permanent and has no expiration date. Teachers, parents, and school systems must translate the federal goal of an appropriate education for every handicapped child into reality.

One of the chief values of the new law is that it involves a commitment among the school, parents, and children to establish education goals and programs that are consistent with the special educational needs of each child. All people involved should understand the requirements of the law, and in meeting these requirements, they should discover a better understanding of the individual and collective responsibilities that produce learning for children and accountability for themselves.

Karnes (1978) has listed several additional values of P.L. 94-142.

1. The capability to deliver special education services will be improved. Instructional apparatus will become mobile, and special education programs will bring new approaches and materials to exceptional children in regular class settings.
2. Parental concerns will be expressed more directly and forcefully. The law gives assurance that there will be regular parent or guardian consultation. Parents of exceptional children have previously been concerned about the effects of special class placement but now will have the legal and moral basis of P.L. 94-142.
3. Rejection of the process of labeling children, as a result of the law, is growing. A label such as retarded, disturbed, slow, or handicapped may influence the way the child is treated by people and the child's self-perception.
4. The fairness and accuracy of psychological testing also has been questioned. The validity of intelligence and achievement tests, especially as they affect minority group members, will continue to be challenged in the courts.
5. There will be more questioning about the effectivenss of regular special education classes in improving the academic performance and social-emotional development of the handicapped child.

6. Financial considerations seem to favor mainstreaming and placing the child in the least restrictive educational environment as required under the new law. In recent years, some states have made it economically feasible to integrate, a break from the past when segregated classrooms were rewarded financially.

In addition, according to Boyer (1978), P.L. 94-142 can be interpreted as a valuable and powerful social statement about the importance of providing an appropriate education for each handicapped child; this social philosophy has been long overdue. While some administrators and educators are finding some inconvenience in coming to terms with the law, this inconvenience cannot begin to ...

Source: *Young Children*, November 1979.

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IEP EVALUATION INSTRUMENT

A checklist for measuring the completeness of IEP objectives in terms of the inclusion of indicators of best practices.

by

Pam Hunt

The IEP instrument was produced in partial fulfillment of product development requirements stipulated in Contract No. 300-82-0365 awarded to San Francisco State University from the Division for Innovation and Development, Special Education Programs, U.S. Department of Education. [The content and opinions expressed herein do not necessarily reflect the position or policy of the U.S. Department of Education, and no official endorsement should be inferred.]

Wayne Sailor, Ph.D. — Principal Investigator

EVALUATING IEP OBJECTIVES

A child's IEP is a valuable source of data for program evaluation. It is a readily available, permanent record of the child's instructional plan. The IEP instrument was developed to evaluate the quality of a child's IEP. It rates IEP objectives on the basis of the degree to which they include seven components which have been identified as "indicators of best practices." (See Figure 1.) These seven components fall within three categories: age-appropriateness (of the materials and the task), functionality (a basic skill, a critical activity, or an interaction activity), and potential for generalization to a variety of environments (taught across a variety of settings and materials). Summary measures of the degree of the presence of these indicators of best practices can then be used as a basis for rating the caliber of instructional programs, for comparing IEPs developed under different educational models, or for measuring the change in quality of a child's educational program over time.

USING THE IEP EVALUATION INSTRUMENT

Rating objectives. Figure 1 presents a sample data collection sheet. In the far left column is a list of the seven indicators of best practices within the three areas of age-appropriateness, functionality, and potential for generalization to a variety of environments. A definition is given for each Indicator. (See the previous section for guidelines and examples which clarify the definitions.) The data sheet provides space to rate twelve objectives. One point is scored for each of the Indicators included in an objective with a total of seven points possible per objective.

Identifying curricular areas. Each objective can be identified as falling within a particular curricular area or combination of areas by placing the appropriate letter in the space next to the objective number using the following code: communication (C), social (S), behavior management (B), motor (M), domestic (D), vocational (V), community (CM), recreational/ leisure (L), preacademic (Pre), and academic (A). Information on curricular areas can be used to determine the overall consistency in quality of IEP objectives across curricular content. An even finer analysis can be done to determine whether breakdown in the quality of IEP objectives falling within particular curricular areas occurs because the objectives are consistently age-inappropriate, nonfunctional, or are lacking the potential for generalization to a variety of environments.

Summary scores. On the lower right corner of the data collection sheet is an area to record summary scores on the following variables:

1. Number of objectives.
2. Percent points obtained from the total points possible.
3. Average number of points per objective.
4. Number/percent of objectives using age-appropriate materials.
5. Number/percent of objectives using age-appropriate tasks.
6. Number/percent of objectives which are basic skills
7. Number/percent of objectives which are critical activities.
8. Number/percent of objectives which are interaction activities.
9. Number/percent of objectives which will generalize to variety of environments.
10. Number/percent of objectives which will be taught in the natural setting.

DEFINING THE SEVEN INDICATORS OF BEST PRACTICES

The following section defines the seven indicators of best practices within the three major areas of age-appropriateness, functionality, and potential for generalization. Examples are given of activities which both do and do not meet the criteria stated in the definition. Guidelines are given to further clarify the requirements that must be met for a particular objective to be identified as including one of the Indicators.

AGE-APPROPRIATE

Indicator 1: **Age-Appropriate Materials**

Definition: It would be appropriate for a nondisabled peer of the same chronological age to use the materials chosen for this activity.

Student's age	Meets criteria	Does not meet criteria
3-5 years	Reach and grasp *socks* when dressing.	Reach and grasp *rattle.*
6-9 years	Roll *ball* back and forth to nondisabled peer on the playground.	Make a tower of three *stuffed clowns blocks.*
9-12 years	Strengthen pincer grasp using *clothespins* on a line.	Strengthen pincer grasp using one-piece *knob puzzle.*

Guidelines:

1. If the task does not require instructional materials (e.g., greeting a peer), consider the items present in the instructional setting as the "materials."
2. Score prostheses as age-appropriate.
3. Score adaptive devices (including communication boards and books) as age-appropriate.

Indicator 2: **Age-Appropriate Task**

Definition: It would be appropriate for a nondisabled peer of the same chronological age to perform the task.

Student's age	Meets criteria	Does not meet criteria
3-5 years	*Blow bubbles* during group music time.	*Lick* peanut butter *from tip of nose* during speech therapy.
6-9 years	*Play a board game* with a nondisabled peer.	*Play "peek-a-boo"* on the playground with a nondisabled peer.
10-14 years	*Operate a vending* machine.	Learn to *stack blocks.*

Guidelines:

1. Score mobility systems as age-appropriate.
2. Communication skills are age-appropriate if expressive but may not be if receptive.
3. Academic skills taught in the classroom are age-appropriate if nondisabled students of that age would be learning the skill in their classrooms.

FUNCTIONAL

Indicator 3: **Basic Skill**

Definition: The skill is based on needs identified in one of five areas: communication, social, behavior, motor, and preacademic/academic. It can be trained within and across a variety of activities.

Meets criteria	Does not meet criteria
Develop a pincer grasp by putting together a puzzle.	Put a ten-piece puzzle together.
Use a communication book to request four items.	Eat with a spoon.
Read and follow the directions of a recipe.	Put on a shirt.
Ask a nondisabled peer to play ball.	Clean a bathroom at the YMCA.

Guidelines:

1. The objective must specify the particular communication, social, behavioral, motor, or preacademic/academic skill being trained (See example 1.)
2. "Imitation" is not a basic skill.

Indicator 4: **Critical Activity**

Definition: The task must be performed for the student if she can not do it for herself.

Meets criteria	Does not meet criteria
Zip pants.	Stack blocks.
Wash hands.	Put pegs in holes.
Play appropriately with three toys.	Sort colored chips.
Cross streets safely.	Match to sample.

Guidelines:

1. Recreation/leisure tasks are critical activities.

Indicator 5: **Interaction Activity**

Defintion: The activity necessitates and/or provides the opportunity for the mutual participation of a nondisabled person (other than classroom staff) and a severely disabled student.

Meets criteria
Play a card game with a nondisabled person.
Eat lunch in the school cafeteria during the regular lunch time.
Use playground equipment during recess.
Eat lunch at a fast-food restaurant.

Guidelines:

1. The activity must provide the opportunity for interaction but does not have to ensure that interaction takes place.
2. In most nonclassroom and community settings, there is usually an opportunity for interaction. (Exceptions are activities in community environments at times when nondisabled people are not typically there — for example, the bowling alley at 10 a.m. or streetcrossing in the suburbs.)
3. If the activity occurs on a segregated site, assume "peer" is disabled.

WILL GENERALIZE TO A VARIETY OF ENVIRONMENTS

Indicator 6: **Taught Across Settings and Materials**

Definition: The skill facilitates the student's ability to function in a variety of environments — specifically, a basic skill taught within and across critical activities, or a critical activity trained across settings and materials.

Basic skill within a critical activity

Meets criteria	Does not meet criteria
Point to a picture of a glass in a communication book to request a drink of milk while eating lunch and snack.	Imitate five speech sounds modeled by speech therapist.
Improve hand-eye coordination through the performance of toothbrushing and haircombing sequences.	Improve hand-eye coordination by putting pegs in holes.

Critical activity across a vareity of materials and settings

Meets criteria	Does not meet criteria
Eat lunch in the cafeteria and in two local fast food restaurants.	Eat lunch in the classroom.
Wash hands in the school bathroom, the store bathroom, and the restaurant bathroom.	Wash hands independently or wash at the classroom sink.
	Put on shirt, pants, and shoes in the classroom.

Guidelines:

1. The *acquisition* and the *generalization* of a single objective may be split into two objectives. Link them together and rate them as one objective.
2. Critical skills must be taught across at least two settings and basic skills must be taught within at least two critical activities.

Indicator 7: **Taught in the Natural Setting**

Definition: The skill is taught in a way that reflects the manner in which the skill will be used in the natural environment.

Meets criteria	Does not meet criteria
Eat in the local fast food restaurant.	Eat in the classroom.
Stamp and seal envelopes in the school office.	Stamp and seal envelopes in the classroom.
Buy items at the grocery store.	Buy items at the classroom "store."

Guidelines:

1. Communication, motor, and preacademic/academic objectives taught in a structured instructional setting do not meet the requirements for Indicator 7.
2. Assume that interaction/parallel play/social initiation objectives are always taught in the natural setting and do meet the requirements for Indicator 7.
3. "Toileting" is always taught in the natural setting.
4. A handwashing objective must specify that washing takes place in a nonclassroom or a community restroom in order to meet the requirements for Indicator 7.

TRAINING PARENTS HELPS TODDLERS, EXPERIMENT FINDS

By Gene I. Maeroff

The value of teaching parents how to rear their babies — what to say to them even before they know how to speak, what toys to choose — has been demonstrated in four Missouri school districts. The toddlers, by age three, showed mental and linguistic growth far exceeding that of other children.

In one of the first experiments of its kind to be rigorously evaluated, trainers regularly visited homes, starting during the pregnancies of mothers-to-be and continuing for three years. They provided information on subjects as varied as how to detect symptoms of fluid and congestion in the middle ear, which could diminish hearing ability and impede language development, to how to discipline infants without punishing them.

The results, based on an outside evaluation, are to be announced today in St. Louis by Arthur L. Mallory, Commissioner of the Missouri Department of Elementary and Secondary Education, which sponsored the project.

"This is the strongest stuff I've seen in 28 years of working in child development," said Burton L. White, senior consultant to the project and director of the Center for Parent Education in Newton, Mass. "The implications are wonderful for children and families and revolutionary for public education."

The program also apparently enhanced the social skills of the children, another of the goals, though researchers said these gains could not be measured so precisely.

"Children of parents participating in the New Parents as Teacher Project consistently scored significantly higher on all measures of intelligence, achievement, auditory comprehension, verbal ability and language ability than did comparison children," said the evaluation report by Research and Training Associates of Overland Park, Kansas.

Experts say that the results in Missouri show how much potential is apparently being lost in the absence of formal programs to teach parents how to observe, stimulate and oversee the development of their babies. Information from decades of testing has firmly identified the earliest years as a period of enormous growth, and many experts assert that children who fall behind then usually never close the gap.

The findings from Missouri reinforce and expand upon a handful of pioneering studies cited repeatedly in recent years in support of preschool education. These studies — such as one of Project Head Start in Ypsilanti, Michigan, sponsored by the Carnegie Corporation — have rallied support for a small but growing trend by school systems across the country to offer classes to four-year-old children.

Most previous preschool experiments, however, have not focused on children younger than three. Moreover, research has been limited on the value of programs that strive to reach infants through their parents. The Missouri project was also different from most in dealing with a wide cross section of families rather than concentrating on the disadvantaged.

For this project parents as well as children were tested, and mothers and fathers who had three years of training were more knowledgeable than comparable parents on a number of topics. They know, for instance, that a child between 14 and 24 months likes toys and objects he can manipulate rather than those that can only be watched, and that a three-year-old can usually put objects into categories by color, size, or shape.

The 380 families participating in the project came from various backgrounds in four school systems across Missouri: Ferguson-Florissant, Farmington, Francis-Howell and Independence.

The trainers, experts in child development, met with each family twice a month, once in the home and once with a small group at a school, until babies were five months old. After that, trainers went to each home once a month, and parents gathered in groups every six weeks.

"It was so helpful," said Susie Brown of Ferguson, whose son Matthew was in the program, "I just feel a lot more confident as a parent now."

Mothers met most frequently with the trainers, though fathers were encouraged to participate as well. Sessions were also open to grandparents and baby sitters who spent a great deal of time with the infants.

Dr. White, a psychologist and former professor at the Harvard Graduate School of Education, maintains that the Missouri project gives even more reason for optimism about improving children's lives than the findings involving programs that begin after the age of three.

"One speculation about why the gains of Head Start seem to be lost is because the children go back to the same home environment," Dr. White said. "Here, we have attempted to change the home environment in lasting ways by working with parents. Also, we are starting at the very beginning of life, not at three years old, when there has already been a lot of water over the dam."

It is unclear, however, whether results as favorable as these could be achieved in a program limited to parents in disadvantaged families, because they usually have less education than the average and might not so easily take advantage of what they have been taught.

Scores on the Kaufman Assessment Battery Scales, a standardized test for gauging the learning progress of young children, showed that at the age of three the toddlers who had been in the Missouri program ranked in the 75th percentile in mental processing and in the 85th percentile in school-related achievement. A comparison group of similar children who had not participated scored lower, at the 55th and 61st percentiles on the two sections.

Both groups were limited to first-borns, and researchers said that eldest children tended to score above the national average of 50 percent, accounting for the unusually high scores of the comparison group.

On the Zimmerman Preschool Language Scales, another standardized test, children who had been in the program showed the equivalent of a half-year more of language development than nonparticipants.

"Two-thirds to three-quarters of all usuable language is acquired by the age of three, "Dr. White said. "If a three-year-old looks like a four-year-old, then you can be very comfortable about what lies ahead. A problem is that public education usually doesn't spend money on kids until they are five or six, in spite of the fact that a child who is slow in development at three is already in trouble and a slow six-year-old is almost impossible to make into an outstanding student."

A law passed last year in Missouri calls for all school systems to offer to train the parents of newborn children, but Commissioner Mallory said there is enough money to assure the expansion of the full project to only 15 districts and that most other school systems will be able to afford only limited versions. The project was financed with a $390,000 Federal grant, $120,000 from the local school systems, and $100,000 from the Danforth Foundation, and other private organizations.

"Parents are the most important teachers that children will ever have," Dr. Mallory said. "We recognize the need for those parents to have as much assistance as possible, so what they do isn't by accident."

Selection of families for the program was not random in the statistical sense though an attempt was made to be representative in socioeconomic status, parental age and the portion of single-parent homes. All 75 children who were subjects of the evaluation were born in the months of January through May of 1982.

The comparison group was selected by scientific random sample from the same communities to create group equivalence in family background characteristics.

Source: *The New York Times*, Wednesday, October 2, 1985.

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